

16 Feb 01

All Potential Offerors:

Although this solicitation is available for on-line review and download, the Government will not accept hard (paper) copy proposals from offerors. The Government **will only accept** electronic proposals as specified in Section L, paragraph L.7.1.1.

If you choose to offer on this solicitation, the electronic files required for your offer will be emailed to you upon request. Please contact both of the following individuals, via email, for copies of those files:

jldraper@us.med.navy.mil
wlgraybill@us.med.navy.mil

The Government prefers requests for these files via email but will honor telefax or written requests. The offeror is ultimately responsible for the accuracy of an email address. Please include your company's complete business name, address, point of contact and telephone number within your email so that you may be contacted if a transmission problem occurs. One email request will be honored per requesting organization.

If you have not received these files within 72 hours of your email request (weekends considered), contact the individual listed in the on-line solicitation, Section L, paragraph L.9.

Once these files are sent to you, you must provide a response to the Government's email, within 48 hours (weekends considered) via email only stating that you have successfully RECEIVED AND REVIEWED the files and that they are readable and usable. Your lack of an email response or your failure to categorically state, "I/We have received and reviewed the electronic files and they are readable and usable" may preclude your receipt of subsequent copies of amendments to the solicitation. These amendments, if issued, may cause your proposal content to change, may clarify solicitation language and/or may accelerate or delay required submission dates.

Once you have acknowledged receipt of the electronic files, any/all amendments to the solicitation will also be emailed to you.

Changes to email addresses should be sent to the email address above. However, do not send offeror's questions regarding the language, Government's intent, or clarification to the email address above. This address is a clearinghouse for sending electronic files only and **will not** respond to offeror's questions. Offeror's questions should be addressed to the individual listed in the on-line solicitation, Section L, paragraph L.9.

JUDY L. DRAPER
Contracting Officer

INFORMATION TO OFFERORS OR QUOTERS SECTION A - COVER SHEET		1. SOLICITATION NUMBER <div style="text-align: center;">N62645-01-R-0005</div>		2. (X one) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td>a. SEALED BID</td> </tr> <tr> <td style="text-align: center;">X</td> <td>b. NEGOTIATED (RFP)</td> </tr> <tr> <td></td> <td>c. NEGOTIATED (RFQ)</td> </tr> </table>			a. SEALED BID	X	b. NEGOTIATED (RFP)		c. NEGOTIATED (RFQ)
	a. SEALED BID										
X	b. NEGOTIATED (RFP)										
	c. NEGOTIATED (RFQ)										
INSTRUCTIONS											
<p>NOTE THE AFFIRMATIVE ACTION REQUIREMENT OF THE EQUAL OPPORTUNITY CLAUSE WHICH MAY APPLY TO THE CONTRACT RESULTING FROM THIS SOLICITATION.</p> <p>You are cautioned to note the "Certification of Non-Segregated Facilities" in the solicitation. Failure to agree to the certification will render your reply nonresponsive to the terms of solicitations involving awards of contracts exceeding \$25,000 which are not exempt from the provisions of the Equal Opportunity clause.</p> <p>"Fill-ins" are provided on the face and reverse of Standard Form 18 and Parts I and IV of Standard Form 33, or other solicitation documents and Sections of Table of Contents in this solicitation and should be examined for applicability.</p> <p>See the provision of this solicitation entitled either "Late Bids, Modifications of Bids or Withdrawal of Bids" or "Late Proposals, Modifications of Proposals and Withdrawals of Proposals."</p> <p>When submitting your reply, the envelope used must be plainly marked with the Solicitation Number, as shown above and the date and local time set forth for bid opening or receipt of proposals in the solicitation document.</p> <p>If NO RESPONSE is to be submitted, detach this sheet from the solicitation, complete the information requested on reverse, fold, affix postage, and mail. NO ENVELOPE IS NECESSARY.</p> <p>Replies must set forth full, accurate, and complete information as required by this solicitation (<i>including attachments</i>). The penalty for making false statements is prescribed in 18 U.S.C. 1001.</p>											
3. ISSUING OFFICE (<i>Complete mailing address, including ZIP Code</i>) NAVAL MEDICAL LOGISTICS COMMAND ATTN: CODE 02, JUDY DRAPER 1681 NELSON STREET FORT DETRICK, MD 21702-9203											
4. ITEMS TO BE PURCHASED (<i>Brief description</i>) MULTIDISCIPLINARY MEDICAL HEALTH CARE WORKERS FOR WASHINGTON, CALIFORNIA & OREGON											
5. PROCUREMENT INFORMATION (<i>X and complete as applicable</i>)											
X		a. THIS PROCUREMENT IS UNRESTRICTED									
		b. THIS PROCUREMENT IS A _____ % SET-ASIDE FOR ONE OF THE FOLLOWING (<i>X one</i>). (<i>See Section I of the Table of Contents in this solicitation for details of the set-aside.</i>)									
		(1) Small Business		(2) Labor Surplus Area Concerns							
		(3) Combined Small Business/Labor Area Concerns									
6. ADDITIONAL INFORMATION MULTIPLE AWARD: NMLC intends to award multiple indefinite delivery, indefinite quantity personal services contracts as a result of this solicitation. Offerors must propose prices for CLINS 0001 through 0011. See Section L.11. for Pre-proposal Conference information. NOTE: Please see cover letter for further instructions on the requirement for electronic proposal submission. NOTE: Before submitting a proposal in response to this solicitation, a prospective offeror is encouraged to investigate the potential tax consequences should they elect to perform the resulting contract by using subcontractors in lieu of individuals carried by their payrolls. Under this RFP, the Navy does not dictate whether the individual health care workers provided would be classified by the successful offeror as an "independent contractor" or an "employee" for federal tax purposes. This determination shall be made solely by the offeror. If subsequent to award, the successful offeror's determination is challenged this shall be a matter to be resolved between the offeror and the Internal Revenue Service (IRS). The Navy will not consider favorably any request for equitable adjustment to the contract based upon the successful offeror's receipt of an adverse action by the IRS. NOTE: Offerors' attention is directed to I.12., DFARS 252.242-7000, Post-Award Conference. Please note that two separate post-award conferences, one in California, and one in Washington may be held, on separate days. In the event that two post-award conferences are held, awardees will be required to attend both conferences. PLEASE NOTE that the blank space contained in Block 12 of the SF 33 reads 120 calendar days.											
7. POINT OF CONTACT FOR INFORMATION											
a. NAME (<i>Last, First, Middle Initial</i>)			b. ADDRESS (<i>Include Zip Code</i>)								
DRAPER, JUDY L.			NAVAL MEDICAL LOGISTICS COMMAND								
c. TELEPHONE NUMBER (<i>Include Area Code and Extension</i>) (<i>NO COLLECT CALLS</i>)			ATTN: CODE 02, JUDY DRAPER								
301-619-3019			1681 NELSON ST., FT. DETRICK, MD 21702-9203								

8. REASONS FOR NO RESPONSE <i>(X all that apply)</i>					
<input type="checkbox"/>	a. CANNOT COMPLY WITH SPECIFICATIONS		<input type="checkbox"/>	b. CANNOT MEET DELIVERY REQUIREMENT	
<input type="checkbox"/>	c. UNABLE TO IDENTIFY THE ITEM(S)		<input type="checkbox"/>	d. DO NOT REGULARLY MANUFACTURE OR SELL THE TYPE OF ITEMS INVOLVED	
<input type="checkbox"/>	e. OTHER <i>(Specify)</i>				
9. MAILING LIST INFORMATION <i>(X one)</i>					
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	WE DESIRE TO BE RETAINED ON THE MAILING LIST FOR FUTURE PROCUREMENT OF THE TYPE OF TIME(S) INVOLVED.	
10. RESPONDING FIRM					
a. COMPANY NAME			b. ADDRESS <i>(Include Zip Code)</i>		
c. ACTION OFFICER					
(1) Typed or Printed Name <i>(Last, First, Middle Initial)</i>		(2) Title		(3) Signature	
(4) Date Signed <i>(YYMMDD)</i>					

DD FORM 1707 REVERSE, MAR 90

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FROM

AFFIX
STAMP
HERE

SOLICITATION NUMBER	
N62645-01-R-0005	
DATE <i>(YYMMDD)</i>	LOCAL TIME

TO

SOLICITATION, OFFER AND AWARD		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350)		RATING		PAGE OF 1 58 PAGES	
2. CONTRACT NO.		3. SOLICITATION NO. N62645-01-R-0005		4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED (RFP)		5. DATE ISSUED 16 FEB 01	
6. REQUISITION/PURCHASE NO.		7. ISSUED BY NAVAL MEDICAL LOGISTICS COMMAND ATTN: CODE 02 JUDY DRAPER 1681 NELSON STREET FORT DETRICK, MD 21702-9203					
8. ADDRESS OFFER TO (If other than Item 7)		CODE N62645					

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

SOLICITATION

9. Sealed offers in original and SEE L copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if handcarried, in the depository located in 1681 NELSON ST FT DETRICK MD 21702 until local time SEE L.7.1.2.
(Hour) (Date)

CAUTION - LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-10. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL:		A. NAME JUDY DRAPER	B. TELEPHONE NO. (Include area code) (NO COLLECT CALLS) 301-619-3019
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OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within 120 calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT		10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %
(See Section I, Clause No. 52-232-8)					
14. ACKNOWLEDGMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated:		AMENDMENT NO.	DATE	AMENDMENT NO.	DATE
15A. NAME AND ADDRESS OF OFFEROR	CODE	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)		
15B. TELEPHONE NO. (Include area code)	15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE.		17. SIGNATURE		18. OFFER DATE
	<input type="checkbox"/>				

AWARD (To be completed by Government)

19. ACCEPTED AS TO ITEMS NUMBERED		20. AMOUNT	21. ACCOUNTING AND APPROPRIATION	
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(c) () <input type="checkbox"/> 41 U.S.C. 253(c) ()			23. SUBMIT INVOICES TO ADDRESS SHOWN IN ITEM (4 copies unless otherwise specified)	
24. ADMINISTERED BY (If other than Item 7) CODE			25. PAYMENT WILL BE MADE BY CODE	
26. NAME OF CONTRACTING OFFICER (Type or print)			27. UNITED STATES OF AMERICA (Signature of Contracting Officer)	
			28. AWARD DATE	

IMPORTANT - Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.

PART I - THE SCHEDULE
SECTION B - SUPPLIES OR SERVICES AND PRICES/COSTS

B.1. The Contractor shall furnish qualified Health Care Workers in accordance with Section C (Statement of Work), Section H (Personnel Qualifications), individual Task Orders for these services, and all other terms and conditions set forth herein. Government requirements for contracted healthcare personnel shall be filled in response to Task Orders issued by the Government against this contract.

B.2. This solicitation is intended to result in multiple indefinite-delivery / indefinite-quantity (IDIQ) contract awards, as identified under FAR 16.504. Task Orders will be priced on a firm fixed price basis.

B.3. The following activity (ies) is/are the sole authority (ies) to issue Task Orders:

Naval Medical Logistics Command
Code 02
1681 Nelson Street
Fort Detrick MD 21702-9203

B.4. Task Orders will be placed using a DD Form 1155 signed by the Contracting Officer. Task Orders will be executed in writing by the Contracting Officer and transmitted either via mail, facsimile, or electronically via e-mail. If the order is transmitted via e-mail, the contractor shall acknowledge receipt of e-mail.

a. Performance of Health Care Worker services at any Department of Defense or Coast Guard military treatment facilities (MTFs), branch medical clinics (BMCs), or other activities within the States of California, Oregon, and Washington, including any and all other activities which fall under the cognizance of the aforementioned Department of Defense or United States Coast Guard facilities (e.g., MTFs or BMCs who have been granted authority under 10 U.S.C 1091 in the following states are contemplated by this contract and shall be considered within the scope of this contract: Arizona, Nevada, Alaska) shall be considered within the scope of this contract.

b. In the event that performance requirements at a particular facility differ slightly from that expressed in Section C, those differences shall be defined in the task order statement of work that will be incorporated as part of the Task Order.

B.5. Each Task Order will contain at a minimum the following information:

- a. The date of order
- b. Contract number and order number
- c. Description of services
 - Labor category and,
 - Specific duties and,
 - Position qualifications and,
 - Place of performance and,
 - Hours of operation and,
 - Quantity required.
- d. The unit price
- e. The period of performance
- f. Accounting and appropriation data
- g. Payment office address
- h. Any other pertinent data
- i. Invoicing and Acceptance instructions
- j. Name of the Contracting Officer's Representative (COR)

B.6. Services for the minimum requirement will be at the following locations (each Task Order shall specify the place or performance):

- a. Contract Line Item Numbers (CLINS) 0001 through 0005. The Contractors shall provide services at the Naval Hospital, Bremerton, WA including all Branch Clinics, Naval Ambulatory Care Clinics and other subordinate activities.
- b. Contract Line Item Number (CLIN) 0006. The Contractors shall provide services at the Naval Medical Center, San Diego, CA including all Branch Clinics, Naval Ambulatory Care Clinics and other subordinate activities.
- c. Contract Line Item Numbers (CLINS) 0008 through 0011. The Contractors shall provide services at the Naval Hospital, Camp Pendleton, CA including all Branch Clinics, Naval Ambulatory Care Clinics and other subordinate activities.

B.7. Minimum and Maximum Quantities. Contract Minimum and Maximum quantities are identified in Section B.11. The Government intends to make multiple awards from this solicitation. A portion of the contract minimum requirements will be awarded to each contract awardee via Task Orders issued concurrently with award of the basic contracts. The Contracting Officer will select and award at least one CLIN from CLINs 0001 through 0011 in Section B.11 to each awardee. Initial Task Orders will be awarded concurrently at the time of contract award and will contain, in the aggregate, all services identified as the Government's minimum requirements. The location of performance for services exceeding the minimum quantities may be provided at any location listed in Section B.6 plus any other DoD or United States Coast Guard facilities in the geographic region defined in Section B.4.a.

HEALTH CARE WORKER POSITIONS.

Minimum Requirements (in alphabetical order):

Cardiac/Telemetry Technicians
Clinical Pharmacologist
Family Nurse Practitioners
Licensed Practical/Vocational Nurses*
Medical Assistants*
Medical Laboratory Technicians*
Pharmacists
Pharmacy Technicians*
Family Practice Physicians
Radiologic Technicians
Registered Nurses

* Section J, Attachment 026 contains the Service Contract Act Wage Determinations for the minimum requirements.

Maximum Requirements (in alphabetical order):

Athletic Trainer
Audiologist
Central Sterile Supply Technician
Certified Nursing Assistants
Certified Registered Nurse Anesthetist
Chiropractor
Chiropractic Assistant
Clinical Pharmacologist
Counselor (includes Marriage & Family, Substance Abuse, Alcohol Treatment)
Dietitian

Dietetic Technician
Emergency Medical Technician (includes Basic, Intermediate, Paramedic, CRT, etc.)
Health Educator
Health Promotions Coordinator
Licensed Practical/Vocational Nurse
Medical Assistant
Medical Laboratory Supervisor
Medical Laboratory Technician
Medical Laboratory Technologist
Nurse Midwife
Nurse Practitioner (includes Adult, Family, and Pediatric)
Occupational Therapist
Occupational Therapy Assistant
Ophthalmic Technologist
Optician
Optometrist
Orthopedic Technician
Pharmacist
Pharmacy Technician
Phlebotomist
Physical Therapist
Physical Therapy Technician
Physician
Physician Assistant
Podiatrist
Psychiatric Technician
Psychologist
Radiologic Technician (includes CT, MRI, Ultrasound, Mammography, and General X-Ray)
Radiologic Technologist (includes CT, MRI, Ultrasound, Mammography, and General X-Ray)
Registered Nurse (Critical Care)
Registered Nurse (Inpatient-MED/SURG, L&D, OR)
Registered Nurse (Outpatient – ER, Clinics)
Respiratory Therapist (Certified)
Respiratory Therapist (Registered)
Social Worker (MSW or equivalent)
Speech Pathologist
Speech Pathology Assistant
Surgical Technician

The procedures for the preparation of the initial Task Order proposal and the evaluation procedures to be employed for award of these initial Task Orders are contained in Section L of this solicitation. The Statements of Work for these initial Task Orders are contained in Section J, Attachments 001 through 025.

Instructions and procedures for subsequent Task Order preparation and award are contained in Section H of this solicitation.

B.8. The estimated ordering period is for 60 months beginning on the date of contract award or until the time the Government has issued Task orders totaling the maximum quantity.

B.9. The period of performance of any one Task Order shall be for a period of twelve (12) months or less in duration.

B.10. The Government reserves the right to reassign health care workers within a Military Treatment Facility (MTF) and/or Branch Medical Clinic (BMC), to meet patient demand.

B.11. The schedule of services the Government intends to acquire from contract awardees is provided below. CLINs may contain SLINs that provide the total minimum quantity of hours or maximum quantity of hours required for each position. The unit price for each SLIN is to be stated (proposed) in hours.

Offerors shall provide hourly and total prices for the **minimum quantities (CLINs 0001 through 0011) only.** Representative sample pricing for the services in the maximum order quantities (**CLINs 0013 through 0058**) shall be provided and evaluated in accordance with instructions specified in Section L, L.7., through Notional Task Orders NTO0001 and NTO0002 (provided in Section J, Attachments 027 and 028).

CLINS 0012 through 0058 may be used more than once throughout the duration of the contract.

Unit prices shall be stated in “hours” on each individual Task Order.

This section shall be completed by the offeror and submitted with the business proposal. Offerors shall use the electronic Excel spreadsheets for the submission of their business proposals. The Government will not accept this information in any other format. (See Section L.7, Instructions for Preparation of Proposals).

MINIMUM QUANTITIES FOR HEALTH CARE WORKER SERVICES

<u>CLIN</u>	<u>DESCRIPTION</u>	<u>QTY (Hours)</u>	<u>UNIT PRICE</u>	<u>TOTAL PRICE</u>
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Health care workers identified in CLINs 0001 through 0005 shall provide services at the Naval Hospital Bremerton, WA. The period of performance is 1 September 2001 through 31 August 2002.

0001 Pharmacy Services

0001AA	Pharmacist (Attachment 001)	4,176	\$	\$
0001AB	Clinical Pharmacologist (Attachment 002)	2,088	\$	\$
0001AC	Pharmacy Technicians (Attachment 003)	8,352	\$	\$

0002 Professional Nursing Services

0002AA	Registered Nurse (Pediatric) (Attachment 004)	2,088	\$	\$
0002AB	Registered Nurse (Post Anesthesia Care Unit) (Attachment 005)	2,088	\$	\$
0002AC	Registered Nurse (Orthopedic/ Perioperative) (Attachment 006)	2,088	\$	\$
0002AD	Registered Nurse (OR) (Attachment 007)	2,088	\$	\$

0003 Clinical Support Services

0003AA Licensed Practical/Vocational Nurse (Emergency Department) (Attachment 008)	2,088	\$	\$
0003AB Licensed Practical/Vocational Nurse (Multi-service Inpatient/Intensive Care Unit) (Attachment 009)	2,088	\$	\$
0003AC Medical Assistant (Family Practice/ Internal Medicine Clinics) (Attachment 010)	4,176	\$	\$
0003AD Medical Assistant (OB-GYN clinic) (Attachment 011)	4,176	\$	\$

0004 Clinical Support Services

0004AA Cardiac/Telemetry Technician (Attachment 012)	5,220	\$	\$
0004AB Medical Laboratory Technician (Attachment 013)	4,176	\$	\$
0005 Family Practice Physician (Attachment 014)	2,088	\$	\$

Health care workers identified in CLIN 0006 and 0007 shall provide services at the Naval Medical Center San Diego, CA. The period of performance is 1 October 2001 through 30 September 2002.

0006 Family Practice Physician (Attachment 015)	20,880	\$	\$
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0007 RESERVED

Health care workers identified in CLINs 0008 through 0011 shall provide services at the Naval Hospital Camp Pendleton, CA. The period of performance is 1 October 2001 through 30 September 2002.

0008 Ambulatory Care Services

0008AA Family Practice Physician (See Attachment 017)	6,013	\$	\$
0008AB Family Nurse Practitioner (See Attachment 018)	3,925	\$	\$
0008AC Registered Nurse (Ambulatory Care) (See Attachment 019)	1,837	\$	\$
0008AD Licensed Practical/Vocational Nurse (Ambulatory Care) (Attachment 020)	3,654	\$	\$

0009 Ancillary Services

0009AA Pharmacy Technician (Attachment 021)	2,088	\$	\$
0009AB Medical Laboratory Technician (Attachment 022)	2,088	\$	\$
0009AC Radiology Technician (Attachment 023)	2,088	\$	\$

0010 Professional Nursing Services

0010AA Registered Nurse (Triage RN) (Attachment 024)	8,770	\$	\$
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0011 Clinical Support Services

0011AA Medical Assistants (Attachment 025)	14,616	\$	\$
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0012 **Incentive Awards.** The Government reserves the right to make incentive awards directly to health care workers. These awards will be site or position specific based upon the Government's best business practice plan to minimize turnover, maximize the mission of the command and/or reward exemplary individual work. Incentive plans may be contained in individual task orders for positions within the maximum quantities only. (See Section H)

ADDITIONAL HEALTH CARE WORKER SERVICES
(Maximum Requirements)
NOT INITIALLY PRICED

0013 The Contractor shall perform ATHLETIC TRAINER services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0014 The Contractor shall perform AUDIOLOGIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0015 The Contractor shall perform CARDIAC MONITOR/TELEMETRY TECHNICIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 15,660 Hours
NOT INITIALLY PRICED

0016 The Contractor shall perform CENTRAL STERILE SUPPLY TECHNICIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0017 The Contractor shall perform CERTIFIED NURSING ASSISTANT services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 208,800 Hours
NOT INITIALLY PRICED

0018 The Contractor shall perform CERTIFIED REGISTERED NURSE ANESTHETIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 20,880 Hours
NOT INITIALLY PRICED

0019 The Contractor shall perform CHIROPRACTOR services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0020 The Contractor shall perform CHIROPRACTIC ASSISTANT services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0021 The Contractor shall perform CLINICAL PHARMACOLOGIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 27,144 Hours
NOT INITIALLY PRICED

0022 The Contractor shall perform COUNSELOR services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0023 The Contractor shall perform DIETETIC TECHNICIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0024 The Contractor shall perform DIETITIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0025 The Contractor shall perform EMERGENCY MEDICAL TECHNICIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 31,320 Hours
NOT INITIALLY PRICED

0026 The Contractor shall perform HEALTH EDUCATOR services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0027 The Contractor shall perform HEALTH PROMOTION COORDINATOR services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0028 The Contractor shall perform LICENSED PRACTICAL/VOCATIONAL NURSE services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 232,290 Hours
NOT INITIALLY PRICED

0029 The Contractor shall perform MEDICAL ASSISTANT services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 299,002 Hours
NOT INITIALLY PRICED

0030 The Contractor shall perform MEDICAL LABORATORY SUPERVISOR services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0031 The Contractor shall perform MEDICAL LABORATORY TECHNICIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 64,728 Hours
NOT INITIALLY PRICED

0032 The Contractor shall perform MEDICAL LABORATORY TECHNOLOGIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 20,880 Hours
NOT INITIALLY PRICED

0033 The Contractor shall perform NURSE MIDWIFE services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 31,320 Hours
NOT INITIALLY PRICED

0034 The Contractor shall perform NURSE PRACTITIONER services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 88,782 Hours
NOT INITIALLY PRICED

0035 The Contractor shall perform OCCUPATIONAL THERAPIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0036 The Contractor shall perform OCCUPATIONAL THERAPY ASSISTANT services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0037 The Contractor shall perform OPHTHALMIC TECHNOLOGIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0038 The Contractor shall perform OPTICIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 20,880 Hours
NOT INITIALLY PRICED

0039 The Contractor shall perform OPTOMETRIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 20,880 Hours
NOT INITIALLY PRICED

0040 The Contractor shall perform ORTHOPEDIC TECHNICIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0041 The Contractor shall perform PHARMACIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 75,168 Hours
NOT INITIALLY PRICED

0042 The Contractor shall perform PHARMACY TECHNICIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 83,520 Hours
NOT INITIALLY PRICED

0043 The Contractor shall perform PHLEBOTOMIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 52,200 Hours
NOT INITIALLY PRICED

0044 The Contractor shall perform PHYSICAL THERAPIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0045 The Contractor shall perform PHYSICAL THERAPY TECHNICIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0046 The Contractor shall perform PHYSICIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 243,544 Hours
NOT INITIALLY PRICED

0047 The Contractor shall perform PHYSICIAN ASSISTANT services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 31,320 Hours
NOT INITIALLY PRICED

0048 The Contractor shall perform PODIATRIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0049 The Contractor shall perform PSYCHIATRIC TECHNICIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0050 The Contractor shall perform PSYCHOLOGIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 20,880 Hours
NOT INITIALLY PRICED

0051 The Contractor shall perform RADIOLOGIC TECHNICIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 48,024 Hours
NOT INITIALLY PRICED

0052 The Contractor shall perform RADIOLOGIC TECHNOLOGIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 41,760 Hours
NOT INITIALLY PRICED

0053 The Contractor shall perform REGISTERED NURSE services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 276,117 Hours
NOT INITIALLY PRICED

0054 The Contractor shall perform RESPIRATORY THERAPIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 20,880 Hours
NOT INITIALLY PRICED

0055 The Contractor shall perform SOCIAL WORKER services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0056 The Contractor shall perform SPEECH PATHOLOGIST services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0057 The Contractor shall perform SPEECH PATHOLOGY ASSISTANT services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 10,440 Hours
NOT INITIALLY PRICED

0058 The Contractor shall perform SURGICAL TECHNICIAN services for those locations specified in Section B.4.a., in accordance with Section C, Section H and, Individual Task Orders.

MAX 31,320 Hours
NOT INITIALLY PRICED

END OF SECTION B

SECTION C – DESCRIPTION/SPECIFICATION/WORK STATEMENT

NOTE 1: The use of, "Commander/Commanding Officer" means the Commander or Commanding Officer, of the military medical treatment facility or equivalent Government official, e.g. Contracting Officer's Representative (COR), Technical Assistant (TA), or Department Head at any of the locations of service as specified in Section B. This individual will be specified in each individual Task Order.

NOTE 2: The term, "Contractor" means the offeror identified in block 15A of the Standard Form 33 or block 7 of the Standard Form 26 and its healthcare workers who are providing services under task orders placed under the contract.

NOTE 3: The term, "healthcare worker" refers to the individual(s) providing services under this contract.

NOTE 4: The abbreviation, "MTF" refers to any military (including USCG) medical treatment facility(s) within the scope of this contract.

STATEMENT OF WORK

C.1. GENERAL INFORMATION. This Statement of Work (SOW) applies to all positions encompassed within this contract. Position specific Statements of Work for the Government's minimum quantities (Contract Line Item Number(s) (CLINs) 0001 through 0011) are attached to this solicitation. Additional Position Specific Statements of Work for CLINs 0013 through 0058 will be included with the subsequently issued Requests for Task Order Proposals. Incentive Plans for CLIN 0012 are not applicable to CLINs 0001 through 0011 but may be included with the subsequently issued Requests for Task Order Proposals for CLINs 0013 through 0058.

C.1.1. The Contractor shall provide, in accordance with each task order, medical and healthcare services at the locations specified in Schedule B and each individual task order.

C.1.2. During the term of this contract the Contractor agrees to provide, on behalf of the Government, the services identified in each task order for treatment of active duty military personnel and other eligible beneficiaries, in accordance with the terms and conditions of this contract.

C.1.3. While on duty, healthcare workers shall not advise, recommend or suggest to individuals authorized to receive services at Government expense that such individuals should receive services from the healthcare worker when they are not on duty, or from a partner or group associated in practice with the Contractor or healthcare worker, except with the express written consent of the Commanding Officer. The Contractor shall not bill individuals entitled to those services rendered pursuant to this contract.

C.1.4. In each Task Order Proposal Request (TOPR) the Government will disclose specific information concerning the type(s), duration and location(s) of the services to be provided. This notice may include the number of work hours per day that constitutes the "shift" of an individual healthcare worker, the number of hours/shifts required, the times that hours/shifts will be scheduled, and the places where these hours/shifts will be performed. In the event that a TOPR calls for shifts lasting more than 8 hours per day, the parties agree that the Contractor is solely responsible for investigating and determining the applicability of any state and/or local wage or overtime compensation laws with regard to its performance. It is further agreed that the Contractor assumes any and all risk as to the accuracy of its judgement. Accordingly, since the task order price reflects the Contractor's determination, the Contractor shall not be entitled to any equitable price adjustment should a state and/or local agency charged with enforcement of such wage and overtime laws rule that the Contractor's determination was erroneous.

C.2 SUITS ARISING OUT OF MEDICAL MALPRACTICE

C.2.1 The healthcare worker(s) is (are) serving at the Medical Treatment Facility (MTF) under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. The healthcare worker(s) is not required to maintain medical malpractice liability insurance.

C.2.2 Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C.3. DUTY HOURS.

C.3.1. The Government will identify specific duty hours in each individual Task Order. Unless otherwise specified, services required by an individual healthcare worker shall not exceed 80 hours per two-week (14 consecutive days) period. Any changes in the schedule shall be coordinated between the healthcare worker and the Government. The healthcare workers shall arrive for each scheduled shift in a well-rested condition.

C.3.1.1. The Contractor shall provide no more than two individuals for each full time equivalent (FTE) unless otherwise specified in each individual Task Order.

C.3.1.2. Individual healthcare workers may be temporarily assigned to another location within a 35 mile commuting area of their assigned MTF/Clinic for a period no longer than 30 days. Any such temporary changes will be at the mutual agreement of the Government and the Contractor.

C.3.1.3. Unless otherwise specified in a task order, services of the healthcare workers shall not be required on the day of observance of the following federally established holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

C.4. ABSENCES, PLANNED AND UNPLANNED LEAVE, LEAVE WITHOUT PAY (LWOP), AND CONTINUING EDUCATION.

C.4.1. Provisions for All Healthcare Workers.

C.4.1.1. Administrative Leave. For unusual and compelling circumstances (for example, weather emergencies), in which the Commanding Officer either excuses all personnel from reporting to work or dismisses all personnel early, the Commanding Officer is authorized to grant administrative leave to the healthcare worker. This administrative leave may be compensated leave.

C.4.1.2. Furlough. Unless otherwise authorized by a Department of Defense Appropriations Act or a Continuing Resolution Authority, the Government shall not reimburse Contractors for services not rendered during a Government furlough. In the event of a Government furlough, the Commanding Officer will determine which Contractor employees are considered "critical" and therefore must report to work. Only Contractor employees deemed "critical" by the Government shall be compensated for services rendered during a furlough. All other Contractor employees will be furloughed until the Government shutdown ends or the Contracting Officer's Representative notifies them that they have become "critical" employees.

C.4.1.3. A healthcare worker with a bona-fide medical emergency occurring while on duty or with an on-the-job injury will be provided medical care until the condition is stabilized. The Contractor will reimburse the Government

for all medical services provided unless the healthcare worker is otherwise entitled to Government healthcare services.

C.4.1.4. In the instance where the Government directs the healthcare worker to remain on duty in excess of their scheduled shift due to an unforeseen emergency or to complete patient treatment where lack of continuity of care would otherwise jeopardize patient health, the healthcare worker shall remain on duty. The healthcare worker will be given an equal amount of compensatory time to be scheduled upon mutual agreement of the healthcare worker and the Commanding Officer. This provision is not intended to apply to the time required to complete routine tasks (e.g., completion of paperwork or routine administrative tasks at the end of a shift) which are to be completed as part of the shift.

C.4.2. Provisions for Healthcare Workers Who Accrue Leave.

C.4.2.1. The healthcare worker shall follow the policy of the Commanding Officer regarding the request and use of both planned and unplanned leave. If the healthcare worker is absent for three or more consecutive unplanned days, the Commanding Officer may require written documentation from a qualified health care provider that the healthcare worker is free from communicable disease. The Government reserves the right to examine and/or re-examine any healthcare worker who meets this criterion.

C.4.2.2. Planned absences from assigned duties shall be requested with 15 working days advance notice, in writing, to the Commanding officer. Eight hours of leave are accrued by each healthcare worker at the end of every 80-hour period worked, equivalently apportioned for part-time employees. However, leave accrual rates will be doubled for the first two pay periods of each task order (16 hours will be accrued for each of the first two 80-hour periods worked). No leave will accrue for the final two pay periods of a task order. Leave accrues only to the individual healthcare worker providing services. The Contractor shall compensate the healthcare worker for these periods of authorized planned absence.

C.4.2.3. Unless otherwise specified in the Task Order Proposal Request, any and all leave accrued by the individual healthcare worker will be forfeited at the expiration of his or her period of performance. The Government may, in individual Task Order Proposal Request(s), allow the healthcare worker to carry unused leave across fiscal years, if such action will enhance continuity and/or, promote patient care.

C.4.2.4. If the contract is terminated for default, there will be no reimbursement for any accrued leave balance. In the event that the healthcare worker gives notice of employment termination, all accrued leave must be used within that notice period, or forfeited.

C.4.2.5. The Commanding Officer may also grant authorization for planned absences to allow the healthcare worker to attend continuing education courses. This is in addition to the planned and unplanned absences specified above. The Government will compensate the healthcare worker by for these periods of authorized absence if the continuing education courses are required to maintain licensure or certifications. This compensation will not exceed 48 hours per 12 months. However, the Commanding Officer may also advance leave for continuing education, so long as the total per full-time equivalent does not exceed 48 hours per 12 months, equivalently apportioned for part-time employees. Unless authorized in advance, the Government will not reimburse the healthcare worker for the cost of any course tuition and/or other related education expense. The healthcare worker shall provide proof of attendance and successful completion of continuing education to the Commanding Officer upon request.

C.4.2.6. Upon exhaustion of any leave balance the healthcare worker shall enter a leave without pay (LWOP) status. Unless waived by the Contracting Officer, the Contractor is required to provide a replacement for any healthcare worker who has been on LWOP status for a total of 40 hours or more during any period of performance, equivalently apportioned for part-time employees. At the discretion of the Commanding Officer, LWOP taken in conjunction with maternity leave is not subject to this limitation.

C.4.2.7. Up to six weeks of maternity "leave without pay" may be granted to the healthcare worker should a pregnancy occur during the period of the task order. The Commanding Officer and healthcare worker will agree on the length of maternity leave. At the option of the Government and pursuant to paragraphs herein, any or all accrued leave (leave with pay) shall be first applied towards maternity leave before going into a leave without pay status.

C.4.2.8. Documented military leave for military reservists will be allowed, not to exceed 15 calendar days per calendar year. This leave may be taken intermittently, i.e., one day at a time. Military leave is compensated leave. The healthcare worker shall follow the policy of the MTF with respect to notification of scheduled military duties to the Commanding Officer.

C.4.3. Positions For Which Replacement Coverage Is Required.

C.4.3.1. The Contractor shall have sufficient qualified reserve personnel so that all services are provided in the event a health care worker scheduled to work becomes ill, resigns, is terminated, or is otherwise unavailable to work. Contract requirements are not mitigated by inclement weather.

C.4.3.2 If a health care worker becomes ill or is otherwise unable to fulfill his/her obligation to work, they shall notify the contractor who in turn shall notify the COR.

C.4.3.3 The Contractor is responsible for replacing a health care worker whom for any reason: (1) misses more than 2 hours of a shift; or (2) has more than 2 hours remaining in their shift.

C.4.3.4 The Contractor shall provide replacement coverage by a health care worker who, at a minimum, meets the minimum health care worker contract qualifications and is approved for work (e.g., has been credentialed and privileged as appropriate and has satisfactorily completed orientation).

C.5 FAILURE AND/OR INABILITY TO PERFORM

C.5.1 Should a healthcare worker, who accrues leave and is subject to Government approval of the leave schedule, be unable to perform duties under any Task Order due to medical or physical disability for more than 13 consecutive days, that individuals' performance under the Task Order may be suspended by the Contracting Officer until such medical or physical disability is resolved. If performance under the Task Order is so suspended, no reimbursement shall be made to the contractor for the affected healthcare worker so long as performance is suspended.

C.5.2 If clinical privileges of a health care worker have been summarily suspended pending an investigation into questions of professional ethics or conduct, performance under the Task Order may be suspended until clinical privileges are reinstated. No reimbursement shall be made to the contractor for the affected healthcare worker so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct will be reported to the appropriate licensing authorities of the state in which the license is held.

C.5.3 Any healthcare worker(s) demonstrating impaired judgment will be removed from providing healthcare services. The Government reserves the right to remove any employee who, in the judgment of a licensed physician, is impaired by drugs or alcohol.

C.5.4 Any healthcare worker(s) with alcohol or drug abuse problems may be allowed to return to work under the terms of this contract only with prior Government approval.

C.6. CONTRACT STATUS REVIEW (CSR) MEETINGS.

C.6.1. Each 30–90 days during the contract, the Government will require the Contractor to discuss issues germane to the contract. The Government expressly retains the right to require the Contractor to attend face-to-face meetings at the Government's facilities. These meetings, at a minimum will discuss:

- a. New healthcare workers who have begun providing services since the last CSR. The Government continually evaluates each healthcare worker's (a) personal interaction skills with patients and other staff, (b) their demonstrated fluency in the English language and, (c) their demonstrated familiarity with the equipment, supplies and materiel commonly used in the work site. At this meeting, the Government shall inform the Contractor of any employee-related issues that require corrective action on the part of the Contractor.
- b. Contract administration issues relative to the efficient operation of the clinical setting.
- c. Contractor generated opportunities or innovations aimed at improving services.
- d. Any other item to the mutual benefit of the Contractor and the Government.

C.6.2. The Contractor is advised that these meetings are strictly informational and will not change the terms and conditions of the contract. The contract can only be changed with a signed modification issued by the Contracting Officer.

C.6.3. The Government encourages Contractor's to institute probationary policies for new employees.

C.7. CREDENTIALING.

C.7.1. General Information.

C.7.1.1. Contractor employees shall not provide medical services until the Commanding Officer has granted professional staff membership and clinical privileges. The Commanding Officer is the sole authority for granting and revoking privileges. The Government reserves the right to perform re-verification of credentials information. The Commanding Officer will not grant clinical privileges until the Government determines that credentials information has been satisfactorily verified. Therefore, the Navy considers the existence of Contractor employee within MTF who are not currently privileged, who fail to maintain their privileges or, who have privileges suspended or revoked to be a breach of contract. The Navy will make no payment for services resulting from services by such providers. Shifts covered or attempted to be covered by such providers are furthermore considered uncovered. The Government additionally reserves the right to terminate this contract for Default and/or shall institute other appropriate contractual and/or legal remedies for failure to comply with the terms and conditions of this contract.

C.7.1.2. The Government will not consider exceptions to the credentials review and clinical privileging process as defined by BUMEDINST 6320.66B and MTF instructions. The Contractor's failure to nominate individuals who do not meet the terms and conditions of this contract, including the requirements of BUMEDINST 6320.66B, shall not excuse non-performance of contract requirements. A copy of BUMEDINST 6320.66B may be obtained at <http://navymedicine.med.navy.mil/instructions/external/6320-66B.pdf>

C.7.1.3. The Contractor shall promptly replace any healthcare provider who fails to maintain staff appointment or clinical privileges. These individuals will not be permitted to perform services under this contract.

C.7.1.4. Any Contractor or Contractor employee under suspension due to an investigation at any facility or licensing agency shall not be permitted to provide service under this contract. The Contractor shall notify the COR

within 24 hours of occurrence of suspension concerning itself or any of its employees. These individuals may only provide services if privileges have been subsequently restored by the Commanding Officer.

C.7.1.5. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate licensing authorities of the state in which the license is held.

C.7.1.6. The Government will appoint a member of MTF's Professional Affairs staff to assist the Contractor on all matters relating to credentialing and the application for clinical privileges. The Contractor shall appoint a member of its professional affairs or recruitment staff to coordinate the submission of credentialing information, assuring each file constitutes a complete, valid application for all healthcare workers.

C.7.1.7. Unless otherwise specified in an individual Task Order, the Government reserves the right to extend the credentials of a healthcare worker who has been granted delineated clinical privileges on a predecessor contract without a new or additional credentialing action. This extension may only occur (a) within the same command and, (b) when there is no increased clinical competency requirement of the healthcare worker and, (c) when there is no significant change in the scope of clinical practice of the healthcare worker and, (d) when there is no gap in performance between the contracts and, (e) when the healthcare worker has had acceptable performance evaluations.

C.7.1.8. Notwithstanding any actions taken or forbore by the Government's representative, the responsibility to provide fully qualified Contractor employees remains solely with the Contractor. Nothing herein shall limit the Commanding Officer's decision to deny clinical privileges to Contractor employees or to revoke clinical privileges already granted.

C.7.1.9. The MTF will retain the credentials documentation submitted for each healthcare worker within an official Individual Credentials File (ICF) or Individual Professional File (IPF) in accordance with JCAHO, MTF and, Bureau of Medicine and Surgery instructions and directives. The Contractor shall ensure that all documentation necessary to keep each individual file current is submitted to the MTF Professional Affairs Coordinator for inclusion in each file.

C.7.1.10. The Contractor shall maintain a complete employment file for each Contractor employee during the life of this contract. This file shall contain, at a minimum, all the documentation submitted to the Government for each employee. This file and the documents therein shall be kept current and will be made available for Government inspection upon request.

C.7.2. Individual Credentials Files (ICFs).

C.7.2.1. Following award of a task order, the contractor shall submit to the Professional Affairs Department, via the COR, a completed Individual Credentials File (ICF). The ICF, which will be maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and competency as identified in BUMEDINST 6320.66B of Nov 97 and subsequent revisions. Section 4 and Appendices B and R detail the ICF requirements. ICFs for health care practitioners who do not currently have an ICF on file at the facility shall be submitted at least 30 days prior to commencement of services unless otherwise specified in the individual task order. For those health care providers who currently have an ICF on file, an updated Personal and Professional Information Sheet (PPIS) for Privileged Providers, with notation that a complete up-to-date ICF is on file, shall be submitted no less than 15 days prior to commencement of services.

C.7.3. Individual Professional Files (IPFs).

C.7.3.1. Following award of a task order, the contractor shall submit to the Professional Affairs Department, via the COR, a completed Individual Professional File (IPF). The IPF, which will be maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and competency as identified in BUMEDINST 6320.66B of Nov 97 and

subsequent revisions. Section 4 and Appendix S detail the IPF requirements. For those health care personnel who do not currently have an IPF on file at the facility, IPFs shall be submitted at least 30 days prior to commencement of services unless otherwise specified in the individual task order. For those personnel who currently have an IPF on file, an updated Personal and Professional Information Sheet (PPIS) for Nonprivileged Providers, with notation that a complete up-to-date IPF is on file, shall be submitted no less than 15 days prior to commencement of services.

C.7.4. Qualifications Packages.

C.7.4.1. The Contractor shall submit a qualifications package to the COR for each health care worker who is not required to submit either an Individual Credentials File (ICF) or an Individual Professional File (IPF) (e.g., medical assistants, laboratory technicians, etc). Prior to Contractor employees providing services under this task order, the COR will verify the compliance of each health care worker with the qualification requirements appropriate to their employment category.

C.7.4.2. The Contractor shall submit all documentation necessary to demonstrate compliance with the qualification requirements as stated herein (including Section J, Attachments 001 through 025). The Contractor shall submit all documentation to the COR per the terms of the task order proposal request. The COR will retain the Qualifications Package.

C.7.5. Interviews.

C.7.5.1. The Government reserves the right to conduct interviews for healthcare workers proposed. If interviews will be required, specific information will be contained in the Task Order Proposal Request. This requirement is not applicable to the Government's Minimum Requirements contained in CLINs 0001-0011.

C.8. GENERAL ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES. The healthcare worker shall perform a full range of services on site using Government furnished facilities, equipment and supplies. Actual clinical activity will be a function of the overall demand for these services. All healthcare workers shall:

C.8.1. Participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of scheduled working hours, the healthcare worker shall be required to read and initial the minutes of the meeting.

C.8.2. Participate in the provision of in-service training to members of the clinical and administrative staff on subjects germane to their specialties.

C.8.3. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.

C.8.4. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.

C.8.5. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities and provide training and/or direction as applicable to supporting Government employees (i.e., hospital corpsmen, students, etc.) assigned to you during the performance of duties.

C.8.6. Maintain an awareness of responsibility and accountability for own professional practice.

C.8.7. Participate in continuing education to meet own professional growth.

C.8.8. Attend annual renewal of the following training requirements provided by the Government: family advocacy, disaster training, infection control, sexual harassment, bloodborne pathogens and fire/safety.

C.8.9. Participate in the implementation of the MTF's Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.

C.8.10. Attend Composite Health Care System (CHCS) and Corporate Information System (CIS) training provided by the Government for a minimum of four (4) hours, up to a maximum of 24 hours.

C.8.11. Obtain and maintain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or, equivalent. The Government will provide this training and certification.

C.8.12. Adhere to infection control guidelines and practice universal precautions.

C.8.13. Contribute to the safe and effective operation of equipment used in patient care within a safe working environment. This shall include safe practices of emergency procedures, proper handling of hazardous materials and maintaining physical security.

C.8.14. Undergo orientation, as appropriate to the position. Orientation may be waived for personnel who have previously provided service at the MTF. Orientations include initial training requirements (e.g. fire, safety, infection control, and family advocacy) and information systems orientation (including the Composite Health Care System (CHCS) and the Ambulatory Data System (ADS)). The Government reserves the right to adjust orientation schedules to meet mission and workload requirements. In addition, health care workers identified as CHCS Super-users shall undergo additional training. Requirements for these CHCS Super-users will be specified in individual Task Order Proposal Requests.

C.9 GENERAL PROVISIONS APPLICABLE TO ALL HEALTH CARE WORKERS.

C.9.1 Health care workers shall comply with Executive Order 12731, October 17, 1990, (55 Fed. Reg. 42547), Principles of Ethical Conduct for Government Officers and Employees, and shall also comply with Department of Defense (DOD) other government regulations implementing this Executive Order.

C.9.2 Health care workers shall become acquainted with and obey all station regulations, shall perform in a manner to preclude the waste of utilities, and shall not use Government telephones for personal business. All motor vehicles operated on these installations by health care workers shall be registered with the base security service according to applicable directives. Eating by health care workers is prohibited in patient care areas/clinics and is restricted to designated areas. Smoking is prohibited in all clinic facilities.

C.9.3 Health care workers ARE NOT prohibited, by reason of employment under this contract, from conducting a private practice or other employment so long as there is no conflict with the performance of duties under this contract. However, such private practice or other such employment shall not be conducted during those hours in which the healthcare worker is required to render services under this contract. Health care workers shall make no use of Government facilities or property in connection with such other employment. (See Section J, Attachment 032, NAVMED P-117).

C.9.4 While on duty, health care workers shall not advise, recommend, or suggest to individuals authorized to receive services at Government expense that such individuals should receive services from the health care worker when they are not on duty, or from a partner or group associated in practice with the contractor, except with the express written consent of the Commanding Officer. The contractor shall not bill individuals entitled to those services rendered pursuant to this contract.

C.9.5 Health care workers shall be neat, clean, well groomed, and in appropriate clothing when in patient care and public areas. All clothing shall be free of visible dirt and stains, and shall fit correctly. Fingernails shall be clean and free from dirt and hair shall be neatly trimmed and combed. Health care workers shall display an identification

badge, which includes the health care worker's full name and professional status (furnished by the Government) on the right breast of the outer clothing. Security badges provided by the Government shall be worn when on duty.

C.9.6 The Secretary of the Navy has determined that the illegal possession or use of drugs and paraphernalia in a military setting contributes directly to military drug abuse and undermines Command efforts to eliminate drug abuse among military personnel. The policy of the Department of the Navy (including the Marine Corps) is to deter and detect drug offenses on military installations. Measures to be taken to identify drug offenses on military installations, and to prevent introduction of illegal drugs and paraphernalia, include routine random inspection of vehicles while entering or leaving, with drug detection dogs when available, and random inspection of personal possessions on entry or exit. If there is probable cause to believe that a health care worker has been engaged in use, possession, or trafficking of drugs, the health care worker may be detained for a limited period of time until he/she can be removed from the installation or turned over to local law enforcement personnel having jurisdiction. When illegal drugs are discovered in the course of an inspection or search of a vehicle operated by a health care worker, the health care worker and vehicle may be detained for a reasonable period of time necessary to surrender the individual and vehicle to appropriate civil law enforcement personnel. Action may be taken to suspend, revoke, or deny clinical privileges as well as installation driving privileges. Implicit with the acceptance of this contract is the agreement by the health care worker to comply with all Federal and State laws as well as regulations issued by the Commander of the military installation concerning illegal drugs and paraphernalia.

C.9.7 All financial, statistical, personnel, and technical data which are furnished, produced or otherwise available to the contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data shall not be released by the contractor without prior written consent of the COR. Any presentation of any statistical or analytical materials, or any reports based on information obtained from studies covered by this contract, will be subject to review and approval by the COR before publication or dissemination.

END OF SECTION C

SECTION D - PACKAGING AND MARKING
[FOR THIS CONTRACT, THERE ARE NO CLAUSES IN SECTION D]

SECTION E - INSPECTION AND ACCEPTANCE

E.1 CLAUSES INCORPORATED BY REFERENCE (FAR 52.252-2)(FEB 1998)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address: <http://www.arnet.gov/far/>.

<u>FAR CLAUSE</u>	<u>TITLE</u>	<u>DATE</u>
52.246-4	INSPECTION OF SERVICES - FIXED PRICE	AUG 1996

E.2 INSPECTION AND ACCEPTANCE

(a) The Contracting Officer's duly authorized representative, the Contracting Officer's Representative(s), will perform inspection and acceptance of services to be provided.

(b) For the purposes of this clause, the names of the Contracting Officer's representative(s) will be assigned in each individual Task Order issued.

(c) Inspection and acceptance will be performed at the locations listed in the position specific Statements of Work provided as attachments to this solicitation, or in subsequent Task Orders.

END OF SECTION E

SECTION F - DELIVERIES OR PERFORMANCE

F.1 CLAUSES INCORPORATED BY REFERENCE (FAR 52.252-2)(FEB 1998)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address: <http://www.arnet.gov/far/>.

<u>FAR CLAUSE</u>	<u>TITLE</u>	<u>DATE</u>
52.242-15	STOP-WORK ORDER	AUG 1989
52.242-17	GOVERNMENT DELAY OF WORK	APR 1984

F.2 MATERIAL INSPECTION AND RECEIVING REPORT (DFARS 252.246-7000)(DEC 1991)

At the time of each delivery of supplies or services under this contract, the Contractor shall prepare and furnish to the Government a material inspection and receiving report in the manner and to the extent required by Appendix F, Material Inspection and Receiving Report, of the Defense FAR Supplement.

DISTRIBUTION

<u>ADDRESSEE</u>	<u>NUMBER OF COPIES</u>
To be specified in individual Task Orders	Original and three copies
Naval Medical Logistics Command Attn: Code 02/Judy Draper 1681 Nelson Street Fort Detrick, MD 21702-9203	One (1) copy

F.3 PERIOD OF PERFORMANCE

Performance under the initial Task Orders (CLINs 0001 through 0011) shall be as follows:

CLINs 0001 through 0005: 1 September 2001 through 31 August 2002
CLINs 0006 through 0007: 1 October 2001 through 30 September 2002
CLINs 0008 through 0011: 1 October 2001 through 30 September 2002

The period of performance for subsequent orders will be specified in each Task Order.

F.4 PLACE OF PERFORMANCE

The specific locations of services to be furnished will be identified in each Task Order. For the initial Task Orders, the place of performance will be as follows:

CLIN 0001AA Pharmacist, Naval Hospital, Bremerton, WA; CLIN 0001AB Clinical Pharmacologist, Naval Hospital, Bremerton, WA; CLIN 0001AC Pharmacy Technicians, Naval Hospital, Bremerton, WA; CLINs 0002AA - 0002AD Registered Nurses, Naval Hospital, Bremerton, WA; CLINs 0003AA - 0003AB Licensed Practical/Vocational Nurses, Naval Hospital, Bremerton, WA; CLINs 0003AC - 0003AD Medical Assistants, Naval Hospital, Bremerton, WA; CLIN 0004AA Cardiac/Telemetry Technician, Naval Hospital, Bremerton, WA; CLIN 0004AB Medical Laboratory Technician, Naval Hospital, Bremerton, WA; CLIN 0005 Family Practice Physician, Naval Hospital, Bremerton, WA.

CLIN 0006 Family Practice Physician, Naval Medical Center San Diego, CA and its branch medical clinics.

CLIN 0007 RESERVED

CLIN 0008AA Family Practice Physicians, Naval Hospital or Area Branch Medical Clinics, Camp Pendleton, CA;
CLIN 0008AB Family Nurse Practitioners, Naval Hospital or Area Branch Medical Clinics, Camp Pendleton, CA;
CLIN 0008AC Registered Nurse, Naval Hospital, Camp Pendleton, CA; CLIN 0008AD Licensed Practical/
Vocational Nurses, Naval Hospital, Camp Pendleton, CA; CLIN 0009AA Pharmacy Technician, Naval Hospital,
Camp Pendleton, CA; CLIN 0009AB Medical Laboratory Technician, Naval Hospital, Camp Pendleton, CA; CLIN
0009AC Radiology Technician, Naval Hospital, Camp Pendleton, CA; CLIN 0010AA Registered Nurses, Naval
Hospital, Camp Pendleton, CA and its branch medical clinics; CLIN 0011AA Medical Assistants, Naval Hospital or
Area Branch Medical Clinics, Camp Pendleton, CA.

END OF SECTION F

SECTION G - CONTRACT ADMINISTRATION DATA

G.1 CONTRACTING OFFICER'S REPRESENTATIVE (COR)

The Contracting Officer's Representative(s) (CORs) for the minimum order quantity will be appointed at time of award of the basic contract(s). As subsequent task orders are issued for services at additional medical treatment facilities which require appointment of a different COR, the COR will be appointed at the time of task order award. The COR shall perform the duties in accordance with the clause in Section E of this solicitation and DFARS 252.201-7000, CONTRACTING OFFICER'S REPRESENTATIVE. The Contracting Officer's Representative(s) are hereby designated the technical representatives of the Contracting Officer for the purpose of conducting all technical liasons with the contractors. Such technical representatives are not authorized to direct or consent to any deviation from the specifications, scope of work and/or terms and conditions of this contract. Accordingly, no deviations thereto may be made without the prior written approval of the Contracting Officer.

G.2 CONTRACTS POINT OF CONTACT

(a) The Contracting Officer is the only person authorized to approve changes in any of the requirements of this contract and, notwithstanding provisions contained elsewhere in this contract, the said authority remains solely with the Contracting Officer. In the even the Contractor affects any change at the direction of any person other than the Contracting Officer, the change will be considered to have been made without the authority to do so and no adjustment will be made in the contract price to cover any increase in charges incurred as a result thereof. The name of the Procurement Contracting Officer is Ms. Judy Draper.

(b) The name and address of the Contract Specialist who is the point of contact prior to and after award is:

Naval Medical Logistics Command
Attn: Code 02, Judy Draper
1681 Nelson Street
Fort Detrick, MD 21702-9203
(301) 619-3019 [No collect calls]

G.3 INVOICING INSTRUCTIONS AND PAYMENT FOR SERVICES

(a) The contractor shall submit invoices in quadruplicate with a copy of the applicable Material Inspection and Receiving Report, DD Form 250, signed by the cognizant Government representative, stating therein the name and title of the Government representative to whom delivery was made and the date of such delivery or period of performance.

(b) Invoices shall be submitted every two weeks to:

To be specified in individual Task Orders

Original and Three Copies

(c) The Government shall process invoices every two weeks for payment.

END OF SECTION G

SECTION H - SPECIAL CONTRACT REQUIREMENTS

H.1. TASK ORDER CONTRACT. The Government intends to award at least 3 and not more than 6 multiple indefinite delivery indefinite quantity (ID/IQ) contracts resultant from the issuance of this solicitation. Services will be procured via the award of Task Orders issued against the basic contract. There are two procedures to be followed for the submission of offers for award of Task Orders.

INITIAL TASK ORDERS. The Government intends to award initial Task Orders to each offeror selected for contract award. Priced proposals for initial Task Orders must be submitted with each offeror's contract proposal and be responsive to the government requirements detailed in Section L of this solicitation. Initial Task Orders will order the contract minimum quantity of services required from each contract awardee. The type of services to be procured, as well as position-specific duty descriptions for the initial Task Orders are provided as Section J, Attachments 001 through 025 to this solicitation.

Awardees of initial task orders (CLINs 0001 through 0011) will be required to propose specific personnel within 30 days following contract award to satisfy the minimum quantity of health care workers. Awardees shall submit documentary evidence that each of the health care workers proposed meets the requirements specified in Section C, Section H paragraph H.7, and Section J Attachments 001 through 025. Failure to meet the 30-day requirement may result in termination of the task order. Additionally, failure to submit complete packages within 30 days following contract award may be considered as negative past performance information that may jeopardize the award of future task orders, and/or may result in termination of the contract.

SUBSEQUENT TASK ORDERS. The Government intends to order additional services, up to the stated contract maximum quantities in CLINs 0013 through 0058 throughout the life of this contract. Special procedures and regulations apply to the award of subsequently awarded Task Orders. These procedures are provided in Section H, paragraph 2 below.

H.2 TASK ORDER PROCEDURES (Subsequent Task Orders).

a. FAIR OPPORTUNITY FOR CONSIDERATION.

(1) One or more Task Orders may be issued during the performance period of this contract. The Government will provide all awardees a fair opportunity for consideration. Fair opportunity is not the same evaluation process used to make the initial award of the IDIQ contract. In accordance with FAR 16.505(b), the Contracting Officer will give each awardee a "fair opportunity" to be considered for each order in excess of \$2,500 unless one of the conditions in paragraph (2) below applies.

(2) Exceptions to Fair Opportunity for Consideration. Awardees will not be given a fair opportunity to be considered for Task Orders which are expected to exceed \$2,500 when the Contracting Officer determines one of the following conditions apply:

(a) The agency need for services is of such urgency that providing such an opportunity would result in unacceptable delays and/or,

(b) Only one awardee is capable of providing the services required at the level of quality required because the services ordered are unique or highly specialized and/or,

(c) The order should be issued on a sole-source basis in the interest of economy and efficiency as a logical follow-on to a Task Order already issued under this contract, provided that all awardees were given fair opportunity to be considered for the original order. For the purposes of this contract the Contracting Officer may negotiate a sole source logical follow-on Task Order with the current Contractor providing previously competed services. In the event an increase in the amount of previously competed services is required by the government, the contracting officer may negotiate a sole source logical follow-on task order with the current Contractor provided the required

additional services do not represent more than one full time equivalent position or 20% of the total competed labor hours for the affected labor category (categories), whichever is greater. A sole source logical follow-on must be for the same type of service previously competed at the same location(s). When deciding whether to negotiate a sole source logical follow-on task order with the current Contractor consideration will be given to the Contractor's past performance, continuity of health care worker services, and price and/or

(d) It is necessary to place an order to satisfy a minimum quantity.

(3) The Contracting Officer has broad discretion in determining which awardee should receive a Task Order. Proposed price, timeliness, and past performance will always be considered and, if specified in the Task Order Proposal Request (TOPR), the technical qualifications of the health care worker. The four factors are equally important unless otherwise specified in the TOPR. Task Orders may be awarded to other than the lowest priced offeror. The four factors are:

(a) The proposed price of the Task Order. The factors to be considered in evaluating prices proposed are defined in L.8.2. They are:

(i) Completeness - All price information required by the TOPR has been submitted and tracks from Section B of the contract.

(ii) Reasonableness - The degree to which the proposed prices compare to the prices that a reasonable, prudent person would expect to incur for the same or similar services.

(iii) Realism - The offeror's CLIN/SLIN prices, and supplemental pricing information will be examined to identify unusually low price estimates, understatements of costs, inconsistent pricing patterns, potential misunderstandings of the contract requirements, and the risk of personnel recruitment and retention problems during contract performance.

(b) Timeliness of submission of an offeror's response to the TOPR. Offeror's responses to TOPRs, which are submitted late, may not be considered for award.

(c) Past Performance. The Government will always review the Contractor's past performance on other Task Orders issued under this contract. In addition, if specified in individual TOPRs, the Government reserves the right to perform a comprehensive review of the Contractor's record of past performance in a format specified within that TOPR. The Government will not restrict its past performance evaluation to information submitted by each Contractor but will also consider any other information in its possession. This past performance evaluation shall include a review of performance problems, management problems, timeliness of services, realism and reasonableness of prices, health care worker turnover (substitutions), shift fill rates, and the overall quality of health care workers provided.

(d) The Quality of the Health Care Worker(s) Proposed. If specified in the TOPR, the technical qualifications of the health care worker(s) proposed under the Task Order. General quality ranking factors of health care workers are:

(i) The quality of the personnel labor mix proposed in relationship to the potential labor mix specified in the Task Order.

(ii) Quality and quantity of education/training and experience as it relates to the duties in the Task Order. Prior experience in a military medical setting may enhance the candidate's ranking.

(iii) Letters of Recommendation that address such items as clinical skills, professionalism or specific areas of expertise.

(iv) Additional certifications and licensures, as specified in the TOPR.

(v) Continuing education as it relates to the maintenance of the professional skill, knowledge and ability required by the TOPR.

(4) When placing orders, the Contracting Officer is not required to prepare formal evaluation plans, score offers, post notice in the Commerce Business Daily or hold discussions or negotiations with each awardee. Even though the Contracting Officer does not have to comply with the competition rules in Part 6 of the Federal Acquisition Regulations and does not have to conduct discussions before issuing an order, there will be an internal record of why a particular offeror provided the best value based on the particular requirements of each Task Order.

(5) Issues arising from the placement of orders are not protestable to the General Accounting Office unless the protest alleges that the order exceeded the value, scope, or period of the contract.

b. TASK ORDER PROPOSAL REQUESTS (TOPRs). The process for requesting responses to TOPRs, evaluating each Contractor's response, selecting an awardee for each Task Order, issuing the Task Order, and the commencement of services under each Task Order is shown below.

(1) TOPRs and Responses to TOPRs. The Contracting Officer will issue a written TOPR and will forward it to all awardees unless one of the exceptions to the fair opportunity for consideration listed above in Section H, paragraph 2 (a)(2) applies. The TOPR will include, as a minimum, the following information:

- (a) The due date for proposal submission.
- (b) A description of the services.
- (c) The minimum qualification requirements for the health care worker(s).
- (d) The specific ranking factors.
- (e) The place of performance.
- (f) The period of performance.
- (g) The number of personnel required.
- (h) Any additional instructions for proposal submission not contained in this section.
- (i) Any other information deemed appropriate by the Contracting Officer.

(2) Price Proposals for initial Task Orders must be submitted with offeror's response to the solicitation. For future TOPRs, Contractors will generally be given 30 days to prepare responses which shall always include pricing and shall include technical packages if specified in the TOPR. The due date for future responses to TOPRs will be set forth in each TOPR. If an awardee is unable to submit a response to a TOPR, they must provide the Contracting Officer with a brief written statement as to why the awardee is unable to submit a proposal. This statement is due on the closing date for proposals under that TOPR.

(3) Failure to submit a response to a Task Order may be considered as negative past performance information, which may jeopardize the award of future Task Orders.

(4) Proposal Submission.

a. Every TOPR will require Contractors to submit a price proposal that shall include a completed Supplemental Pricing Worksheet. The price proposal shall be forwarded to the Contracting Officer, Naval Medical Logistics Command ONLY. Certified cost or pricing data is not required for individual Task Orders.

b. The TOPR may require Contractors to submit a Technical Proposal. The Task Order Proposal Request may require relevant past performance information under contracts issued by commercial and/or Government agencies other than Naval Medical Logistics Command, or, in the absence of such experience, an affirmative statement to that effect. Additionally, the TOPR may require offerors to submit information regarding the qualifications of the health care workers proposed for use under the TOPR. Specific technical requirements will be provided in each TOPR. The technical proposal shall be forwarded as specified in the TOPR.

c. TASK ORDER AWARD

(1) Upon completion of the evaluation of each Contractor's price and technical (if required) proposals, the Contracting Officer will issue a Task Order to the Contractor whose proposal is most advantageous to the Government considering the evaluation factors specified in either Section H, Paragraph 2.a. (3) above or within the TOPR.

(2) In the event issues pertaining to a proposed Task Order cannot be resolved to the satisfaction of the Contracting Officer, the Contracting Officer reserves the right to cancel the proposed Task Order. In such event, each Contractor shall be notified, via letter, of the Contracting Officer's decision. This decision shall be final and conclusive and shall not be subject to the "Disputes" clause or the "Contract Disputes Act".

d. COMMENCEMENT OF PERFORMANCE

(1) Upon award, a Task Order will be transmitted to the Contractor on a DD Form 1155. Approved health care workers must begin performance no later than 30 days after execution of the Task Order by the Contracting Officer, unless otherwise mutually directed by the Government. If a health care worker cannot begin performance on the Task Order, the Contractor must notify the Contracting Officer immediately.

(2) Failure to begin performance with the approved health care worker may result in termination of the Task Order and reconsideration of the other Task Order proposals received in response to the TOPR. The Contractor may or may not be given the opportunity to propose a new health care worker. The Government reserves the right to terminate the contract and/or Task Order for default if the Contractor fails to begin performance.

H.3. OMBUDSMAN. The ombudsman shall (a) review complaints from Contractors regarding the award of Task Orders and (b) ensure that all Contractors are afforded a fair opportunity to be considered, consistent with the procedures in the contract. The Task Order contract ombudsman for this contract is the Navy Competition Advocate General. Contractors are encouraged to settle their complaints through the Competition Advocate chain of command, seeking review by the Command Competition Advocate at the Naval Medical Logistics Command before taking their complaints to the Navy Competition Advocate General. The Naval Medical Logistics Command's Competition Advocate can be reached at (301) 619-2158 or at the following address:

Naval Medical Logistics Command
ATTN: Executive Officer
1681 Nelson Street
Fort Detrick, MD 21702-9203
Fax Number: (301) 619-7430

H.4. PRIOR WRITTEN PERMISSION REQUIRED FOR SUBCONTRACTS. None of the services required by this contract shall be subcontracted to or performed by persons other than the Contractor or the Contractor's employees without the prior written consent of the Contracting Officer.

H.5. RESTRICTION ON THE USE OF GOVERNMENT-AFFILIATED PERSONNEL. Without the written approval of the Contracting Officer, the Contractor shall not use, in the performance of this contract, any U.S. Government employees or persons currently providing services on other Department of Defense contracts.

H.6. SUBSTITUTION OF PERSONNEL.

- a. The Contractor agrees to initiate performance of each Task Order using only the health care worker(s) whose professional qualifications have been determined technically acceptable by the Government.
- b. No personnel substitutions shall be made by the Contractor without the express consent of the Contracting Officer. All substitution requests will be processed in accordance with this clause. The government retains the right to terminate and re-compete a new task order.
- c. No personnel substitutions shall be permitted during the period beginning with Task Order award and continuing through the first 30 days of contract performance, unless they are necessitated by a health care worker's unexpected illness, injury, death or termination of employment. Should one of these events occur, the Contractor shall promptly notify the Contracting Officer and provide the information required in paragraph (d) below. All substitution requests shall be submitted in writing and must provide the information required by paragraph (d) below.
- d. All substitution requests must provide a detailed explanation of the circumstances necessitating the proposed replacement of personnel. The Contractor shall also demonstrate that the substitute health care worker(s) possess professional qualifications that meet the minimum requirements in this contract and in the position specific Statement of Work contained in the Task Order. In addition, all substitution requests shall include a Certificate of Availability signed and dated by each proposed health care worker, and any other information identified by the Contracting Officer. The Contracting Officer will evaluate such requests and promptly notify the Contractor or the approval or disapproval thereof.

H.7. PERSONNEL QUALIFICATIONS. The Contractor is required to provide personnel having certain minimum levels of education, training and experience. Proof that offered candidates possess these qualifications must be provided with each Contractor's proposal for each Task Order. Unique (i.e. position specific) requirements are provided in the position specific Statements of Work furnished as attachments to this solicitation. However, the following general requirements apply to all individuals providing services under this contract:

H.7.1. General requirements for all healthcare workers.

H.7.1.1. Proof of U.S. Employment Eligibility (per Section J, Attachment 033). No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States.

H.7.1.2. Represent an acceptable malpractice risk to the Department of Defense via a signed, detailed statement of prior or pending malpractice claims and an explanation of disposition of each claim.

H.7.1.3. Current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer or equivalent.

H.7.2. Regulatory compliance requirements.

H.7.2.1. The healthcare worker shall obtain, at Contractor expense, a statement from the healthcare worker's physician or a report of a physical examination within 60 days prior to the Task Order. This statement or report shall indicate whether or not the healthcare worker is free from mental or physical impairments that would restrict them from providing the services described herein. Healthcare workers hired after Task Order start shall provide a physical examination statement or report obtained within 60 days prior to performance of services. Expenses for all required tests and/or procedures shall be borne by the Contractor at no additional expense to the Government. Statements from the healthcare worker's physician shall contain the following information:

"Having performed a physical examination on the person named below on **(insert date)**, the following findings are true and accurate:

1. **(Name of healthcare worker)** is suffering from no physical disability that restricts them from providing services as a **(specialty)**.
2. **(Name of healthcare worker)** is not suffering from sexually transmitted or other contagious diseases, which restricts them from providing services as a **(specialty)**.
3. **(Name of healthcare worker)** has (circle the applicable number):
 - 3a. Received at least three doses of recombinant hepatitis 3 vaccine currently licensed in the United States, or,
 - 3b. Received an initial dose of the hepatitis B vaccine. The vaccine series shall be completed within 6 months of the employee start date, or,
 - 3c. Provided documentation of the healthcare worker's waiver which declines the hepatitis B vaccine as set forth in OSHA guidelines (declination on the basis of religious convictions or medical contraindications only), or,
 - 3d. Provided evidence of immunologically effective anti-HB levels in lieu of proof of recombinant hepatitis B vaccines. Assays must be performed in a Laboratory accredited by the American Society of Clinical Pathologists (ASCP) and/or the College of American Pathologists (CAP).
4. **(Name of healthcare worker)** shows immunity to Measles, Mumps and Rubella (MMR); varicella immune status; and a current PPD reading or evaluation as specified herein."

 (signed)
Examining Physician

Examining Physician Information:

Name:

Address:

Telephone:

H.7.2.3. The healthcare worker shall agree to undergo other personal health examinations and such other medical and dental examinations at any time during the term of this contract, as the Commander may deem necessary for preventive medicine, quality assurance, or privileging purposes. The Government will provide these examinations. If the Contractor chooses, a private physician or dentist may provide these examinations at no expense to the Government. Additionally, the healthcare worker must be immunized annually with influenza vaccine in accordance with the BUMED instruction currently in effect. The Government will provide this vaccine. Only declinations on the basis of religious convictions or medical contraindications shall be permitted. Although the Government will provide influenza vaccine, it may be obtained at other facilities with the healthcare worker bearing the total cost. If not vaccinated by the Government, the healthcare worker shall show proof of the vaccination. If the healthcare worker chooses to be immunized by the Government, they shall sign a waiver in accordance with MTF rules and regulations. If the healthcare worker declines the immunization, they must provide the waiver that declines the influenza vaccine. Only declinations on the basis of religious convictions or medical contraindications shall be permitted.

H.7.2.4. Prior to performance under this contract, the healthcare worker shall in-process using standard MTF procedures. Healthcare workers who have patient contact must show immunity to Measles, Mumps and Rubella

(MMR) through: Serological testing which shows sero-positivity to MMR or proof of vaccination. Persons born prior to 1957 must have received one dose of MMR vaccine; persons born in 1957 or later must have received two doses of MMR vaccine. The healthcare worker shall provide evidence of varicella immune status or a statement of history of chicken pox. Additionally, on an annual basis, healthcare workers must provide a current Purified Protein Derivative (PPD) reading or an evaluation if they are a known PPD reactor. The Contractor is responsible for any expenses incurred for required testing.

H.7.2.5. The healthcare worker shall participate in the Command's Bloodborne Pathogen Orientation Program as scheduled by the Senior Medical Department Representative. The healthcare worker shall also participate in annual training and training for all new procedures that have the potential for occupational exposure to bloodborne pathogens.

H.7.2.6. Management of HIV positive healthcare workers shall be in accordance with current Centers for Disease Control (CDC) guidelines and Section 503 of the Rehabilitation Act (29 U.S.C. Section 793) and its implementing regulations (41 CFR Part 60-741).

H.7.2.7. The healthcare worker shall comply with the CDC's "Universal Precautions" for prevention of the transmission of HIV.

H.8 CRIME CONTROL ACT OF 1990 REQUIREMENT.

a. Section 21 of the Crime Control Act of 1990, 42 U.S.C. 13041, as amended by Section 1094 of Public Law 1-02-190, requires every facility operated by the Federal Government (or operated under contract with the Federal Government) that hires (or contracts to hire) individuals involved in the provision of child care services to assure that all existing and newly-hired employees undergo a criminal background check. The term "child care services" is defined to include health and mental health care.

b. The Government will conduct criminal background checks on all health care worker's providing child care services under this contract based on fingerprints of Contractor employees obtained by a Government law enforcement officer and inquiries conducted through the Federal Bureau of Investigation (FBI) and State criminal history repositories. In doing so the Government shall follow the procedures set forth in DOD Instruction 1402.5.

c. Within 30 days after contract award, the Contractor and all Contractor employees shall provide all reasonable and necessary assistance to the Government, including compliance with the employment application requirements set forth in 42 U.S.C. 13041(d). Upon receipt of the results of a background check, the Contractor further agrees to undertake a personnel action in accordance with 42 U.S.C. 13041(c), when appropriate.

d. With written recommendation from the Commanding Officer, and the approval one level above the Contracting officer, a Contractor employee may be permitted to perform work under this contract prior to the completion of a background check, provided the employee is within sight and continuous supervision of an individual with a successful background check.

e. Contractor employees shall have the right to obtain a copy of any background check pertaining to themselves and to challenge the accuracy and completeness of the information contained in the report.

H.9. LIABILITY INSURANCE. Before commencing work under a contract, the Contractor shall certify to the Contracting Officer in writing that the required insurance has been obtained. The following insurance as referenced in FAR 28.307, is the minimum insurance required:

a. General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least: \$500,000 per occurrence.

b. Automobile liability insurance written on the comprehensive form of policy. The policy shall provide for bodily injury and property damage liability covering the operation of all automobiles used in connection with performing

the contract. Policies covering automobiles operated in the United States shall provide coverage of a least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage. The amount of liability coverage on other policies shall be commensurate with any legal requirements of the locality and sufficient to meet normal and customary claims.

c. Worker's compensation and employer's liability. Contractors are required to comply with applicable Federal and State Workers' compensation and occupational disease statutes. If occupational diseases are not compensable under those statutes, they shall be covered under the employer's liability section of the insurance policy, except when Contractor operations are so commingled with a Contractor's commercial operations that it would not be practical to require this coverage. Employer's liability coverage of at least \$100,000 shall be required, except in States with exclusive or monopolistic funds that do not permit workers, compensation to be written by private carriers.

H.10. INCENTIVE AWARDS. The Government reserves the right to make incentive awards to healthcare workers, or directly to the Contractor in task orders issued for the maximum order quantity. These awards will be site or position specific based upon the Government's best business practice plan to minimize turnover, maximize the mission of the command and/or reward exemplary work. Incentive plans may be contained in the individual task orders for positions within the maximum quantities only. If the task order provides for an incentive award and one is actually made, the Contractor shall pass all incentive fee award amounts to the Contractor's healthcare worker(s). The Contractor agrees to only make deductions to the Incentive Fee Award to remain in compliance with the laws and regulations of the Internal Revenue Service, state, and local taxation authorities which includes the Contractor's contributions to these taxes and/or fees. However, in no case shall the amount paid to the healthcare worker be reduced further.

H.11. INCENTIVE AWARD FEE GUIDANCE.

a. If used, the incentive award fee structure of this contract will consist of a NOT to Exceed (NTE) fixed incentive award fee amount outlined in each task order. The initial task orders awarded for CLINs 0001 through 0011 with the basic contracts do not have incentive award fees.

b. If included in a Task Order, the NTE Fixed incentive award fee amount can be increased by the Contracting Officer only as a result of changes made to the Task Order Statement of Work authorized by the Contracting Officer via a written modification.

c. Evaluation procedures and criteria and scoring procedures shall be set forth in the Incentive Award Fee Plan, as addressed in each Task Order.

d. The total incentive award amount will be obligated at the beginning of the Task Order. The Contractor shall be authorized in writing by the Contracting Officer to invoice for any incentive award fee earned during each Task Order in the Incentive Award Fee Plan.

END OF SECTION H

SECTION I - CONTRACT CLAUSES

I.1 CLAUSES INCORPORATED BY REFERENCE (FAR 52.252-2)(FEB 1998)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address: <http://www.arnet.gov/far/>.

FEDERAL ACQUISITION REGULATION (48 CFR CHAPTER 1) CLAUSES

<u>FAR CLAUSE</u>	<u>TITLE</u>	<u>DATE</u>
52.202-1	DEFINITIONS (ALTERNATE I)	OCT 1995 APR 1984
52.203-5	COVENANT AGAINST CONTINGENT FEES	APR 1984
52.203-6	RESTRICTIONS ON SUBCONTRACTOR SALES TO THE GOVERNMENT	JUL 1995
52.203-7	ANTI-KICKBACK PROCEDURES	JUL 1995
52.203-8	CANCELLATION, RESCISSION, AND RECOVERY OF FUNDS FOR ILLEGAL OR IMPROPER ACTIVITY	JAN 1997
52.203-10	PRICE OR FEE ADJUSTMENT FOR ILLEGAL OR IMPROPER ACTIVITY	JAN 1997
52.203-12	LIMITATION ON PAYMENTS TO INFLUENCE CERTAIN FEDERAL TRANSACTIONS	JUN 1997
52.204-4	PRINTED OR COPIED DOUBLE SIDED ON RECYCLED PAPER	AUG 2000
52.209-6	PROTECTING THE GOVERNMENT'S INTEREST WHEN SUBCONTRACTING WITH CONTRACTORS DEBARRED, SUSPENDED, OR PROPOSED FOR DEBARMENT	JUL 1995
52.215-2	AUDIT AND RECORDS - NEGOTIATION	JUN 1999
52.215-8	ORDER OF PRECEDENCE - UNIFORM CONTRACT FORMAT	OCT 1997
52.219-4	NOTICE OF PRICE EVALUATION PREFERENCE FOR HUBZONE SMALL BUSINESS CONCERNS	JAN 1999
52.222-3	CONVICT LABOR	AUG 1996
52.222-26	EQUAL OPPORTUNITY	FEB 1999
52.222-35	AFFIRMATIVE ACTION FOR DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA	APR 1998
52.222-36	AFFIRMATIVE ACTION FOR WORKERS WITH DISABILITIES	JUN 1998
52.222-37	EMPLOYMENT REPORTS ON DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA	JAN 1999
52.222-41	SERVICE CONTRACT ACT OF 1965, AS AMENDED	MAY 1989
52.222-44	FAIR LABOR STANDARDS ACT & SERVICE CONTRACT ACT - PRICE ADJUSTMENT	MAY 1989
52.223-5	POLLUTION PREVENTION AND RIGHT-TO-KNOW INFORMATION	APR 1998
52.223-6	DRUG-FREE WORKPLACE	JAN 1997
52.223-14	TOXIC CHEMICAL RELEASE REPORTING	OCT 2000
52.224-1	PRIVACY ACT NOTIFICATION	APR 1984
52.224-2	PRIVACY ACT	APR 1984
52.225-13	RESTRICTIONS ON CERTAIN FOREIGN PURCHASES	AUG 1998
52.227-1	AUTHORIZATION AND CONSENT	JUL 1995
52.228-5	INSURANCE - WORK ON A GOVERNMENT INSTALLATION	JAN 1997
52.229-3	FEDERAL, STATE, AND LOCAL TAXES	JAN 1991
52.229-5	TAXES - CONTRACTS PERFORMED IN U.S. POSSESSIONS OR PUERTO RICO	APR 1984

52.232-8	DISCOUNTS FOR PROMPT PAYMENT	MAY 1997
52.232-11	EXTRAS	APR 1984
52.232-17	INTEREST	JUN 1996
52.232-18	AVAILABILITY OF FUNDS	APR 1984
52.232-23	ASSIGNMENT OF CLAIMS	JAN 1986
52.232-25	PROMPT PAYMENT	JUN 1997
52.232-33	PAYMENT BY ELECTRONIC FUNDS TRANSFER - CENTRAL CONTRACTOR REGISTRATION	MAY 1999
52.233-1	DISPUTES (ALTERNATE I)	DEC 1998 DEC 1991
52.233-3	PROTEST AFTER AWARD	AUG 1996
52.237-2	PROTECTION OF GOVERNMENT BUILDINGS, EQUIPMENT AND VEGETATION	APR 1984
52.237-3	CONTINUITY OF SERVICES	JAN 1991
52.242-13	BANKRUPTCY	JUL 1995
52.243-1	CHANGES -FIXED PRICE (ALTERNATE I)	AUG 1987 APR 1984
52.244-6	SUBCONTRACTS FOR COMMERCIAL ITEMS AND COMMERCIAL COMPONENTS	OCT 1998
52.245-2	GOVERNMENT PROPERTY (FIXED PRICE CONTRACTS) (ALTERNATE I)	DEC 1989 APR 1984
52.246-25	LIMITATION OF LIABILITY - SERVICES	FEB 1997
52.249-8	DEFAULT (FIXED-PRICE SUPPLY AND SERVICE)	APR 1984
52.253-1	COMPUTER GENERATED FORMS	JAN 1991

DEFENSE FEDERAL ACQUISITION REGULATION SUPPLEMENT (48 CFR CHAPTER 2) CLAUSES

DFARS CLAUSE	TITLE	DATE
252.203-7001	PROHIBITION ON PERSONS CONVICTED OF FRAUD OR OTHER DEFENSE CONTRACT-RELATED FELONIES	MAR 1999
252.204-7003	CONTROL OF GOVERNMENT PERSONNEL WORK PRODUCT	APR 1992
252.205-7000	PROVISION OF INFORMATION TO COOPERATIVE AGREEMENT HOLDERS	DEC 1991
252.215-7000	PRICING ADJUSTMENTS	DEC 1991
252.223-7004	DRUG-FREE WORK FORCE	SEP 1998
252.223-7006	PROHIBITION ON STORAGE AND DISPOSAL OF TOXIC AND HAZARDOUS MATERIALS	APR 1993
252.242-7000	POST-AWARD CONFERENCE	DEC 1991
252.243-7001	PRICING OF CONTRACT MODIFICATIONS	DEC 1991

I.2 ORDERING (FAR 52.216-18)(OCT 1995)

(a) Any supplies and services to be furnished under this contract shall be ordered by issuance of delivery orders by the individuals or activities designated in the Schedule. Such orders may be issued from the date of contract award through a date to be determined, but not exceeding 60 months from contract award, or until all maximum quantities have been ordered, whichever occurs first.

(b) All delivery orders or task orders are subject to the terms and conditions of this contract. In the event of conflict between a delivery/task order and this contract, the contract shall control.

(c) If mailed, a delivery order or task order is considered "issued" when the Government deposits the order in the mail. Orders may be issued orally, by facsimile, or by electronic commerce methods only if authorized in the Schedule.

I.3 ORDER LIMITATIONS (FAR 52.216-19)(OCT 1995)

(a) Minimum Order. When the Government requires supplies or services covered by this contract in an amount of less than \$1,000.00, the Government is not obligated to purchase, nor is the contractor obligated to furnish, those supplies or services under the contract.

(b) Maximum Order. The contractor is not obligated to honor:

(1) Any order for a single item in excess of 100,000 hours per individual Line Item.

(2) Any order for services in excess of the maximum total requirement for this contract. (See Section B.11).

(c) Notwithstanding paragraph (b) above, the contractor shall honor any order exceeding the maximum order limitations in paragraph (b), unless that order (or orders) is returned to the office with 30 days after issuance, with written notice stating the contractor's intent not to provide the services ordered and the reasons. Upon receiving this notice, the Government may acquire the services from another source.

I.4 INDEFINITE QUANTITY (FAR 52.216-22)(OCT 1995)

(a) This is an indefinite-quantity contract for the supplies or services specified, and effective for the period stated, in the Schedule. The quantities of supplies and services specified in the Schedule are estimates only and are not purchased by this contract.

(b) Delivery or performance shall be made only as authorized by orders issued in accordance with the Ordering clause. The contractor shall furnish to the Government, when and if ordered, the supplies or services specified in the Schedule up to and including the quantity designated in the schedule as the "maximum." The Government shall order at least the quantity of supplies or services designated in the schedule as the "minimum."

(c) Except for any limitations on quantities in the Order Limitations clause or in the Schedule, there is no limit on the number of orders that may be issued. The Government may issue orders requiring delivery to multiple destinations or performance at multiple locations.

(d) Any order issued during the effective period of this contract and not completed within that period shall be completed by the contractor within the time specified in the order. The contract shall govern the contractor's and the Government's rights and obligations with respect to that order or the same extent as if the order were completed during the contract's effective period; provided, that the contractor shall not be required to make any deliveries under this contract after a date to be determined, but not exceeding 60 months from contract award.

I.5 STATEMENT OF EQUIVALENT RATES FOR FEDERAL HIRES (FAR 52.222-42)(MAY 1989)

In compliance with the Service Contract Act of 1965, as amended, and the regulations of the Secretary of Labor (29 CFR Part 4), this clause identifies the classes of service employees expected to be employed under the contract and states the wages and fringe benefits payable to each if they were employed by the contracting agency subject to the provisions of 5 U.S.C. 5341 or 5332. THIS STATEMENT IS FOR INFORMATION PURPOSES ONLY; IT IS NOT A WAGE DETERMINATION.

<u>Employee Class</u>	<u>Monetary Wage/Fringe Benefits</u>
Registered Nurse I, II, III, IV	\$26.48 GS/10-12
Licensed Practical Nurse I, II, III	\$15.06 GS/6
Medical Assistant	\$11.74 GS/5
Pharmacy Technicians	\$15.33 GS/5-7
Medical Laboratory Technicians	\$16.73 GS-7

I.6 PAYMENTS UNDER PERSONAL SERVICES CONTRACTS (FAR 52.232-3)(APR 1984)

The Government shall pay the Contractor, upon submission of proper invoices or vouchers, the prices stipulated in this contract for work delivered or rendered and accepted, less any deductions provided in this contract. Unless otherwise specified, payment shall be made upon acceptance of any portion of the work delivered or rendered for which a price is separately stated in the contract.

I.7 TERMINATION (PERSONAL SERVICES) (FAR 52.249-12)(APR 1984)

The Government may terminate this contract at any time upon at least 15 days written notice by the Contracting Officer to the Contractor. The Contractor, with the written consent of the Contracting Officer, may terminate this contract upon at least 15 days written notice to the Contracting Officer.

I.8 CONTRACTING OFFICER'S REPRESENTATIVE (DFARS 252.201-7000)(DEC 1991)

(a) Definition. "Contracting Officer's Representative" means an individual designated in accordance with subsection 201-602-2 of the Defense Federal Acquisition Regulation Supplement and authorized in writing by the contracting officer to perform specific technical or administrative functions.

(b) If the Contracting Officer designates a contracting officer's representative (COR), the Contractor will receive a copy of the written designation. It will specify the extent of the COR's authority to act on behalf of the contracting officer.

The COR is not authorized to make any commitments or changes that will affect price, quality, quantity, delivery, or any other term or condition of the contract.

I.11 REQUIRED CENTRAL CONTRACTOR REGISTRATION (DFARS 252.204-7004)(MAR 2000)

(a) Definitions. As used in this clause -

(1) "Central Contractor Registration (CCR) database" means the primary DoD repository for contractor information required for the conduct of business with DoD.

(2) "Data Universal Number System (DUNS) number" means the 9-digit number assigned by Dun and Bradstreet Information Services to identify unique business entities.

(3) "Data Universal Numbering System + 4 (DUNS + 4) number" means the DUNS number assigned by Dun and Bradstreet plus a 4-digit suffix that may be assigned by a parent (controlling) business concern. This 4-digit suffix may be assigned at the discretion of the parent business concern for such purposes as identifying subunits or affiliates of the parent business concern.

(4) "Registered in the CCR Database" means that all mandatory information, including the DUNS number or the DUNS+4 number, if applicable and the corresponding Commercial and Government Entity (CAGE) code, is in the CCR database; the DUNS number and the CAGE code have been validated; and all edits have been successfully completed.

(b)(1) By submission of an offer, the offeror acknowledges the requirement that a prospective awardee must be registered in the CCR database prior to award, during performance, and through final payment of any contract resulting from this solicitation, except for awards to foreign vendors for work to be performed outside the United States.

(2) The offeror shall provide its DUNS or, if applicable, its DUNS+4 number with its offer, which will be used by the Contracting Officer to verify that the offeror is registered in the CCR database.

(3) Lack of registration in the CCR database will make an offeror ineligible for award.

(4) DoD has established a goal of registering an applicant in the CCR database within 48 hours after receipt of a complete and accurate application via the Internet. However, registration of an applicant submitting an application through a method other than the Internet may take up to 30 days. Therefore, offerors that are not registered should consider applying for registration immediately upon receipt of this solicitation.

(c) The contractor is responsible for the accuracy and completeness of the data within the CCR, and for any liability resulting from the Government's reliance on inaccurate or incomplete data. To remain registered in the CCR database after the initial registration, the Contractor is required to confirm on an annual basis that its information in the CCR database is accurate and complete.

(d) Offerors and contractors may obtain information on registration and annual confirmation requirements by calling 1-888-227-2423, or via the Internet at <http://www.ccr2000.com>.

I.12. POSTAWARD CONFERENCE (DFARS 252.242-7000)(DEC 1991)

The Contractor agrees to attend any postaward conference convened by the contracting activity or contract administration office in accordance with Federal Acquisition Regulation Subpart 42.5.

(END OF SECTION I)

SECTION J – LIST OF ATTACHMENTS

J.1 LIST OF ATTACHMENTS

ATTACH	POSITION TITLE/LOCATION	PAGES	ATTACHED?
001	Pharmacist, Naval Hospital Bremerton, WA	2	Yes
002	Clinical Pharmacologist, Naval Hospital, Bremerton, WA	3	Yes
003	Pharmacy Technician, Naval Hospital, Bremerton, WA	3	Yes
004	Registered Nurse (Pediatric), Naval Hospital, Bremerton, WA	2	Yes
005	Registered Nurse (PACU), Naval Hospital, Bremerton, WA	2	Yes
006	Registered Nurse (Ortho/Perioperative), Naval Hospital, Bremerton, WA	3	Yes
007	Registered Nurse (OR), Naval Hospital, Bremerton, WA	3	Yes
008	Licensed Vocational/Practical Nurse (Emergency Department), Naval Hospital, Bremerton, WA	3	Yes
009	Licensed Vocational/Practical Nurse (Multi-service Inpatient/ ICU), Naval Hospital, Bremerton, WA	3	Yes
010	Medical Assistant (Family Practice/Internal Medicine Clinic), Naval Hospital, Bremerton, WA	2	Yes
011	Medical Assistant (OB/GYN Clinic), Naval Hospital, Bremerton, WA	2	Yes
012	Cardiac/Telemetry Technician, Naval Hospital, Bremerton, WA	2	Yes
013	Medical Laboratory Technician, Naval Hospital, Bremerton, WA	3	Yes
014	Family Practice Physician, Naval Hospital, Bremerton, WA	3	Yes
015	Family Practice Physician, Naval Medical Center, San Diego, CA	3	Yes
016	Reserved	-	-
017	Family Practice Physician, Naval Hospital Camp Pendleton, CA	3	Yes

ATTACH	POSITION TITLE/LOCATION	PAGES	ATTACHED?
018	Family Nurse Practitioner, Naval Hospital Camp Pendleton, CA	2	Yes
019	Registered Nurse (Ambulatory Care), Naval Hospital Camp Pendleton, CA	2	Yes
020	Licensed Practical/Vocational Nurse (Ambulatory Care), Naval Hospital Camp Pendleton, CA	3	Yes
021	Pharmacy Technician, Naval Hospital Camp Pendleton, CA	2	Yes
022	Medical Laboratory Technician, Naval Hospital Camp Pendleton, CA	3	Yes
023	Radiology Technician, Naval Hospital Camp Pendleton, CA	2	Yes
024	Registered Nurse (Ambulatory Triage), Naval Hospital Camp Pendleton, CA	2	Yes
025	Medical Assistant, Naval Hospital Camp Pendleton, CA	2	Yes
026	Service Contract Act Wage Determinations	16	Yes
027	Notional Task Order NTO001 (Community Based Outpatient Clinic Services, Naval Hospital, Camp Pendleton, CA)	6	Yes
028	Notional Task Order NTO002 (Women's Health Services, Naval Hospital, Oak Harbor, WA)	5	Yes
029	Electronic File Format; Offeror's Past Performance Information	1	Yes
030	Reserved	-	-
031	Electronic File Format; Offeror's Management Plan	1	Yes
032	NAVMED P-117	3	Yes
033	Proof of U.S. Employment Eligibility	2	Yes
034	Contract Administration Plan (CAP)	20	Yes

J.2 LIST OF EXHIBITS

THERE ARE NO EXHIBITS FOR THIS CONTRACT

END OF SECTION J

**SECTION K - REPRESENTATIONS, CERTIFICATIONS AND OTHER
STATEMENTS OF OFFERS**

K.1 CERTIFICATE OF INDEPENDENT PRICE DETERMINATION (FAR 52.203-2)(APR 1985)

(a) The offeror certifies that -

(1) The prices in this offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror or competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered;

(2) The prices in this offer have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the offeror to induce any other concern to submit or not to submit an offer for the purpose of restricting competition.

(b) Each signature on the offer is considered to be a certification by the signatory that the signatory -

(1) Is the person in the offeror's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or

(2)(i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above

_____ insert full name of person(s) in the offeror's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the offeror's organization.

(ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and

(iii) As an agent, has not personally participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) If the offeror deletes or modifies subparagraph (a)(2) above, the offeror must furnish with its offer a signed statement setting forth in detail the circumstances of the disclosure.

K.2 CERTIFICATION AND DISCLOSURE REGARDING PAYMENTS TO INFLUENCE CERTAIN FEDERAL TRANSACTIONS (FAR 52.203-11) (APR 1991)

(a) The definitions and prohibitions contained in the clause, at FAR 52.203-12, Limitation on Payments to Influence Certain Federal Transactions, included in this solicitation, are hereby incorporated by reference in paragraph (b) of this certification.

(b) The offeror, by signing its offer, hereby certifies to the best of his or her knowledge and belief that on or after December 23, 1989--

(1) No Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with the awarding of any

Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement;

(2) If any funds other than Federal appropriated funds (including profit or fee received under a covered Federal transaction) have been paid, or will be paid, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with this solicitation, the offeror shall complete and submit, with its offer, OMB standard form LLL, Disclosure of Lobbying Activities, to the Contracting Officer; and

(3) He or she will include the language of this certification in all subcontract awards at any tier and require that all recipients of subcontract awards in excess of \$100,000 shall certify and disclose accordingly.

(c) Submission of this certification and disclosure is a prerequisite for making or entering into this contract imposed by section 1352, title 31, United States Code. Any person who makes an expenditure prohibited under this provision or who fails to file or amend the disclosure form to be filed or amended by this provision, shall be subject to a civil penalty of not less than \$10,000, and not more than \$100,000, for each such failure.

K.3 TAXPAYER IDENTIFICATION (FAR 52.204-3) (OCT 1998)

(a) Definitions.

"Common parent," as used in this solicitation provision, means that corporate entity that owns or controls an affiliated group of corporations that files its Federal income tax returns on a consolidated basis, and of which the offeror is a member.

"Taxpayer Identification Number (TIN)," as used in this provision, means the number required by the Internal Revenue Service (IRS) to be used by the offeror in reporting income tax and other returns. The TIN may be either a Social Security Number or an Employer Identification Number.

(b) All offerors must submit the information required in paragraphs (d) through (f) of this provision to comply with debt collection requirements of 31 U.S.C. 7701(c) and 3325(d), reporting requirements of 26 U.S.C. 6041, 6041A, and 6050M and implementing regulations issued by the IRS. If the resulting contract is subject to the reporting requirements described in Federal Acquisition Regulation (FAR) 4.904, the failure or refusal by the offeror to furnish the information may result in a 31 percent reduction of payments otherwise due under the contract.

(c) The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the offeror's relationship with the government (31 U.S.C. 7701(c)(3)). If the resulting contract is subject to the payment reporting requirements described in FAR 4.904, the TIN provided hereunder may be matched with IRS records to verify the accuracy of the offeror's TIN.

(d) Taxpayer Identification Number (TIN).

- * TIN:_____.
- * TIN has been applied for.
- * TIN is not required because:
 - * Offeror is a nonresident alien, foreign corporation, or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
 - * Offeror is an agency or instrumentality of a foreign government;
 - * Offeror is an agency or instrumentality of a Federal Government;
 - * Other. State basis._____

(e) Type of organization.

- * Sole proprietorship;
- * Partnership;
- * Corporate entity (not tax-exempt):
- * Corporate entity (tax-exempt):
- * Government entity (Federal, State, or local);
- * Foreign government;
- * International organization per 26 CFR 1.6049-4;
- * Other _____.

(f) *Common Parent.*

- * Offeror is not owned or controlled by a common parent as defined in paragraph (a) of this provision.

* Name and TIN of common parent:

Name _____

TIN _____

K.4 DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER (FAR 52.204-6) (JUN 1999)

(a) The offeror shall enter, in the block with its name and address on the cover page of its offer, the annotation "DUNS" followed by the DUNS number that identifies the offeror's name and address exactly as stated in the offer. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services.

(b) If the offeror does not have a DUNS number, it should contact Dun and Bradstreet directly to obtain one. A DUNS number will be provided immediately by telephone at no charge to the offeror. For information on obtaining a DUNS number, the offeror, if located within the United States, should call Dun and Bradstreet at 1-800-333-0505. The offeror should be prepared to provide the following information:

- (1) Company name.
- (2) Company address.
- (3) Company telephone number.
- (4) Line of business.
- (5) Chief executive officer/key manager.
- (6) Date the company was started.
- (7) Number of people employed by the company.
- (8) Company affiliation.

(c) Offerors located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet home page at <http://www.customerservice@dnb.com>. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@mail.dnb.com.

K.5. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT, AND OTHER RESPONSIBILITY MATTERS (FAR 52.209-5) (JAN 2001)

(a)(1) The Offeror certifies, to the best of its knowledge and belief, that--

(i) The Offeror and/or any of its Principals--

(A) Are * are not * presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;

(B) Have * have not *, within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to

obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property;

(C) Are * are not * presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in subdivision (a)(1)(i)(B) of this provision; and

(ii)(A) The offeror, aside from the offenses enumerated in paragraphs (a)(1)(i)(A), (B), and (C) of this provision, has *, has not * within the past three years, relative to tax, labor and employment, environmental, antitrust, or consumer protection laws --

(1) Been convicted of a Federal or State felony (or has any Federal or State felony indictments currently pending against them); or

(2) Had a Federal court judgment in a civil case brought by the United States rendered against them; or

(3) Had an adverse decision by a Federal administrative law judge, board, or commission indicating a willful violation of law.

(B) If the offeror has responded affirmatively, the offeror shall provide additional information if requested by the Contracting Officer; and

(iii) The Offeror has * has not *, within a three-year period preceding this offer, had one or more contracts terminated for default by any Federal agency.

(2) "Principals," for the purposes of this certification, means officers; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity (*e.g.*, general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions).

(a) This Certification Concerns a Matter Within the Jurisdiction of an Agency of the United States and the Making of a False, Fictitious, or Fraudulent Certification May Render the Maker Subject to Prosecution Under Section 1001, Title 18, United States Code.

(b) The Offeror shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

(c) A certification that any of the items in paragraph (a) of this provision exists will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in connection with a determination of the Offeror's responsibility. Failure of the Offeror to furnish a certification or provide such additional information as requested by the Contracting Officer may render the Offeror nonresponsible.

(d) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of an Offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

(e) The certification in paragraph (a) of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Offeror knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Contracting Officer may terminate the contract resulting from this solicitation for default.

K.6 SMALL BUSINESS PROGRAM REPRESENTATIONS (FAR 52.219-1)(OCT 2000)

(a)(1) The North American Industry Classification System (NAICS) code for this acquisition is 621399.

(2) The small business size standard is 5 million.

(3) The small business size standard for a concern which submits an offer in its own name, other than on a construction or service contract, but which proposes to furnish a product which it did not itself manufacture, is 500 employees.

(b) Representations. (1) The offeror represents as part of its offer that it * is, * is not, a small business concern.

(2) [Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.] The offeror represents, for general statistical purposes, that it * is, * is not, a small disadvantaged business concern as defined in 13 CFR 124.1002.

(3) [Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.] The offeror represents as part of its offer that it * is, * is not, a women-owned small business concern.

(4) [Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.] The offeror represents as part of its offer that it * is, * is not, a veteran-owned small business concern.

(5) [Complete only if the offeror represented itself as a veteran-owned small business concern in paragraph (b)(4) of this provision.] The offeror represents as part of its offer that it * is, * is not a service-disabled veteran-owned small business concern.

(c) Definitions. As used in this provision --

"Service-disabled veteran-owned small business concern" --

(1) Means a small business concern--

(i) Not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and

(ii) The management and daily business operations of which are controlled by one or more service-disabled veterans, or in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.

(2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).

"Small business concern" means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on Government contracts, and qualified as a small business under the criteria in 13 CFR part 121 and the size standard in paragraph (a) of this provision.

"Veteran-owned small business concern" means a small business concern --

(1) Not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)), or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and

(2) The management and daily business operations of which are controlled by one or more veterans.

"Women-owned small business concern" means a small business concern --

(1) Which is at least 51 percent owned by one or more women, or in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and

(2) Whose management and daily business operations are controlled by one or more women.

(d) Notice. (1) If this solicitation is for supplies and has been set aside, in whole or in part, for small business concerns, then the clause in this solicitation providing notice of the set-aside contains restrictions on the source of the end items to be furnished.

(2) Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall --

(i) Be punished by imposition of fine, imprisonment, or both;

(ii) Be subject to administrative remedies, including suspension and debarment; and

(iii) Be ineligible for participation in programs conducted under the authority of the Act.

K.7 PROHIBITION OF SEGREGATED FACILITIES (FAR 52.222-21) (FEB 1999)

(a) "Segregated facilities," as used in this clause, means any waiting rooms, work areas, rest rooms and wash rooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees, that are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, sex or national origin because of written or oral policies, or employee custom. The term does not include separate or single-user rest rooms and necessary dressing or sleeping areas, which shall be provided to assure privacy between the sexes.

(b) The Contractor agrees that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not and will not permit its employees to perform their services at any location under its control where segregated facilities are maintained. The Contractor agrees that a breach of this clause is a violation of the Equal Opportunity clause in this contract.

(c) The Contractor shall include this clause in every subcontract that contains the clause of this contract entitled "Equal Opportunity."

K.8 PREVIOUS CONTRACTS AND COMPLIANCE REPORTS (FAR 52.222-22)(FEB 1999)

The offeror represents that--

(a) It [] has, [] has not participated in a previous contract or subcontract subject to the Equal Opportunity clause of this solicitation,

(b) It [] has, [] has not, filed all required compliance reports; and

(c) Representations indicating submission of required compliance reports, signed by proposed subcontractors, will be obtained before subcontract awards.

K.9 AFFIRMATIVE ACTION COMPLIANCE (FAR 52.222-25) (APR 1984)

The offeror represents that (a) it [] has developed and has on file, [] has not developed and does not have on file,

at each establishment, affirmative action programs required by the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2), or (b) it ☐ has not previously had contracts subject to the written affirmative action programs requirement of the rules and regulations of the Secretary of Labor.

K.10 CERTIFICATION OF TOXIC CHEMICAL RELEASE REPORTING (FAR 52.223-13) (OCT 2000)

(a) Submission of this certification is a prerequisite for making or entering into this contract imposed by Executive Order 12969, August 8, 1995.

(b) By signing this offer, the offeror certifies that--

(1) As the owner or operator of facilities that will be used in the performance of this contract that are subject to the filing and reporting requirements described in section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA) (42 U.S.C. 11023) and section 6607 of the Pollution Prevention Act of 1990 (PPA) (42 U.S.C. 13106), the offeror will file and continue to file for such facilities for the life of the contract the Toxic Chemical Release Inventory Form (Form R) as described in sections 313(a) and (g) of EPCRA and section 6607 of PPA; or

(2) None of its owned or operated facilities to be used in the performance of this contract is subject to the Form R filing and reporting requirements because each such facility is exempt for at least one of the following reasons: *(Check each block that is applicable.)*

☐ (i) The facility does not manufacture, process, or otherwise use any toxic chemicals listed under section 313(c) of EPCRA, 42 U.S.C. 11023(c);

☐ (ii) The facility does not have 10 or more full-time employees as specified in section 313(b)(1)(A) of EPCRA, 42 U.S.C. 11023(b)(1)(A);

☐ (iii) The facility does not meet the reporting thresholds of toxic chemicals established under section 313(f) of EPCRA, 42 U.S.C. 11023(f) (including the alternate thresholds at 40 CFR 372.27, provided an appropriate certification form has been filed with EPA);

☐ (iv) The facility does not fall within Standard Industrial Classification Code (SIC) major groups 20 through 39 or their corresponding North American Industry Classification System (NAICS) sectors 31 through 33; or

☐ (v) The facility is not located within any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the United States Virgin Islands, the Northern Mariana Islands, or any other territory or possession over which the United States has jurisdiction.

K.11 TOXIC CHEMICAL RELEASE REPORTING (FAR 52.223-14)(OCT 2000)

(a) Unless otherwise exempt, the Contractor, as owner or operator of a facility used in performance of this contract, shall file by July 1 for the prior calendar year an annual Toxic Chemical Release Inventory Form (Form R) as described in sections 313(a) and (g) of the Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA)(42 U.S.C. 11023(a) and(g)), and section 6607 of the Pollution Prevention Act of 1990 (PPA) (42 U.S.C. 13106). The contractor shall file, for each facility subject to the Form R filing and reporting requirements, the annual Form R throughout the life of the contract.

(b) A Contractor owned or operated facility used in the performance of this contract is exempt from the requirement to file an annual Form R if --

(1) The facility does not manufacture, process, or otherwise use any toxic chemicals listed under section 313(c) of

EPCRA, 42 U.S.C. 11023(c);

(2) The facility does not have 10 or more full-time employees as specified in section 313(b)(1)(A) of EPCRA, 42 U.S.C. 11023(b)(1)(A);

(3) The facility does not meet the reporting thresholds of toxic chemicals established under section 313(f) of EPCRA, 42 U.S.C. 11023(f) (including the alternate thresholds at 40 CFR 372.27, provided an appropriate certification form has been filed with EPA);

(4) The facility does not fall within Standard Classification Code (SIC) major groups 20 through 39 or their corresponding North American Industry Classification System (NAICS) sectors 31 through 33; or

(5) The facility is not located within any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the United States Virgin Islands, the Northern Mariana Islands, or any other territory or possession over which the United States has jurisdiction.

(c) If the contractor has certified to an exemption in accordance with one or more of the criteria in paragraph (b) of this clause, and after award of the contract circumstances change so that any of its owned or operated facilities used in the performance of this contract is no longer exempt --

(1) The Contractor shall notify the Contracting Officer; and

(2) The Contractor, as owner or operator of a facility used in the performance of this contract that is no longer exempt, shall --

(i) Submit a Toxic Chemical Release Inventory Form (Form R) on or before July 1 for the prior calendar year during which the facility becomes eligible; and

(ii) Continue to file the annual Form R for the life of the contract for such facility.

(d) The Contracting Officer may terminate this contract or take other action as appropriate, if the Contractor fails to comply accurately and fully with the EPCRA and PPA toxic chemical release filing and reporting requirements.

(e) Except for acquisitions of commercial items as defined in FAR Part 2, the Contractor shall --

(1) For competitive subcontracts expected to exceed \$100,000 (including all options), include a solicitation provision substantially the same as the provision at FAR 52.223-13, Certification of Toxic Chemical Release Reporting; and

(2) Include in any resultant subcontract exceeding \$100,000 (including all options), the substance of this clause, except this paragraph (e).

**K.12 COMMERCIAL AND GOVERNMENT ENTITY (CAGE) CODE REPORTING
(DFARS 252.204-7001) (AUG 1999)**

(a) The offeror is requested to enter its CAGE code on its offer in the block with its name and address. The CAGE code entered must be for that name and address. Enter "CAGE" before the number.

(b) If the offeror does not have a CAGE code, it may ask the Contracting Officer to request one from the Defense Logistics Information Service (DLIS). The Contracting Officer will-

(1) Ask the Contractor to complete section B of a DD Form 2051, Request for Assignment of a Commercial and Government Entity (CAGE) Code;

(2) Complete section A and forward the form to DLIS; and

(3) Notify the Contractor of its assigned CAGE code.

(c) Do not delay submission of the offer pending receipt of a CAGE code.

K.13 DISCLOSURE OF OWNERSHIP OR CONTROL BY THE GOVERNMENT OF A TERRORIST COUNTRY (DFARS 252.209-7001) (MAR 1998)

(a) Definitions. As used in this provision--

(1) "Government of a terrorist country" includes the state and the government of a terrorist country, as well as any political subdivision, agency, or instrumentality thereof.

(2) "Terrorist country" means a country determined by the Secretary of State, under section 6(j)(1)(A) of the Export Administration Act of 1979 (50 U.S.C. App. 2405(j)(i)(A)), to be a country the government of which has repeatedly provided support for acts of international terrorism. As of the date of this provision, terrorist countries include: Cuba, Iran, Iraq, Libya, North Korea, Sudan, and Syria.

(3) "Significant interest" means-

(i) Ownership of or beneficial interest in 5 percent or more of the firm's or subsidiary's securities. Beneficial interest includes holding 5 percent or more of any class of the firm's securities in "nominee shares", "street names", or some other method of holding securities that does not disclose the beneficial owner;

(ii) Holding a management position in the firm such as director or officer;

(iii) Ability to control or influence the election, appointment, or tenure of directors or officers in the firm;

(iv) Ownership of 10 percent or more of the assets of a firm such as equipment, buildings, real estate, or other tangible assets of the firm; or

(v) Holding 50 percent or more of the indebtedness of a firm.

(b) Prohibition on award. In accordance with 10 U.S.C. 2327, no contract may be awarded to a firm or a subsidiary of a firm if the government of a terrorist country has a significant interest in the firm or subsidiary or, in the case of a subsidiary, the firm that owns the subsidiary, unless a waiver is granted by the Secretary of Defense.

(c) Disclosure. If the government of a terrorist country has a significant interest in the offeror or a subsidiary of the offeror, the offeror shall disclose such interest in an attachment to its offer. If the offeror is a subsidiary, it shall also disclose any significant interest the government of a terrorist country has in any firm that owns or control the subsidiary. The disclosure shall include--

(1) Identification of each government holding a significant interest; and

(2) A description of the significant interest held by each government.

K.14 COMPLIANCE WITH VETERANS' EMPLOYMENT REPORTING REQUIREMENTS (DFARS 252.209-7003) (MAR 1998)

By submission of its offer, the offeror represents that, if it is subject to the reporting requirements of 38 U.S.C. 4212(d) (i.e., the VETS-100 report required by Federal Acquisition Regulation clause 52.222-37, Employment Reports on Disabled Veterans and Veterans of the Vietnam Era), it has submitted the most recent report required by 38 U.S.C. 4212(d).

(END OF SECTION K)

SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

L.1. SOLICITATION PROVISIONS INCORPORATED BY REFERENCE (FAR 52.252-1) (FEB 1998)

L.1.1. This solicitation incorporates one or more solicitation provisions by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text of those provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this address: <http://www.arnet.gov/far>.

<u>FAR CLAUSE</u>	<u>TITLE</u>	<u>DATE</u>
52.215-1	INSTRUCTIONS TO OFFERORS – COMPETITIVE ACQUISITION	FEB 2000
52.222-24	PREAWARD ON-SITE EQUAL OPPORTUNITY COMPLIANCE EVALUATION	FEB 1999
52.222-46	EVALUATION OF COMPENSATION FOR PROFESSIONAL EMPLOYEES	FEB 1993
52.237-1	SITE VISIT	APR 1984
52.237-10	IDENTIFICATION OF UNCOMPENSATED OVERTIME	OCT 1997

L.2. TYPE OF CONTRACT (FAR 52.216-1) (APR 1984)

L.2.1. The Government contemplates award of a Firm Fixed Price, Indefinite Delivery-Indefinite Quantity, Personal Service contract(s) resulting from this solicitation.

L.3. SINGLE OR MULTIPLE AWARDS (FAR 52.216-27) (OCT 1995)

L.3.1. The Government may elect to award a single delivery order contract or task order contract or to award multiple delivery order contracts or task order contracts for the same or similar supplies or services to two or more sources under this solicitation.

L.4. SERVICE OF PROTEST (FAR 52.233-2) (AUG 1996)

(a) Protests, as defined in Section 33.101 of the Federal Acquisition Regulation, that are filed directly with an agency, and copies of any protests that are filed with the General Accounting Office (GAO), shall be served on the Contracting Officer (addressed as follows) by obtaining written and dated acknowledgment of receipt from:

Naval Medical Logistics Command
ATTN: CODE 02, Ms. Judy Draper
1681 Nelson Street
Fort Detrick, MD 21702-9203

(b) The copy of any protest shall be received in the office designated above within one day of filing a protest with the GAO.

L.5. SUBMISSION OF COST OR PRICING DATA

(a) It is expected that this contract will be awarded based upon a determination that there is adequate price competition; therefore, the offeror is not required to submit additional cost or price data or certify cost or pricing data with its proposal.

(b) If, after receipt of the proposals, the Contracting Officer determines that adequate price competition does not exist in accordance with FAR 15.403-3 and 15.403-4, the offeror shall provide other information requested to be submitted to determine fair and reasonableness of price or cost realism, or certified cost or pricing data as requested by the Contracting Officer.

L.6. NOTIONAL TASK ORDERS

The Notional Task Orders provided in Section J, Attachments 027 and 028 represent sample task order scenarios which may, in some form, be ordered by the Government after contract award. These Notional Task Orders are sample task orders to be used for offer and evaluation purposes in accordance with L.7 below. No awards will result from an offeror's proposal in response to these Notional Task Orders.

L.7. INSTRUCTIONS FOR PREPARATION OF PROPOSALS

L.7.1. Introduction and Purpose. This section specifies the format and content that offerors shall use in response to this Request for Proposal (RFP). The intent is not to restrict the offerors in the manner in which they will perform their work but rather to require uniformity in the format of the responses for evaluation purposes. Offerors must submit a proposal that is in the format prescribed by paragraph L.7.1.1 and is comprehensive enough to provide the basis for a sound evaluation by the Government. Information provided should be precise, factual, and complete. Clarity, completeness, and responsiveness are of the utmost importance. Any proposal that does not offer as a minimum, that which is requested in this solicitation may be determined to be substantially incomplete and not warrant any further consideration.

L.7.1.1. Proposals shall be submitted electronically. Upon receipt of the electronic files from the Contracting Officer the offeror's proposal shall be submitted on 6 offeror provided 3.5" diskettes or CD-ROMs (hereafter referred to as diskettes) as follows:

- a. Diskettes 1 and 2 shall each contain the offeror's Past Performance information and shall contain the file Past Performance.doc (Section J, Attachment 029). The information on diskette 2 shall mirror the information on diskette 1.
- b. Diskettes 3 and 4 shall each contain the offeror's Business Proposal and shall include the files Electronic Schedule B.xls, NTO0001.xls, NTO0002.xls, and Section K.doc. Included within Electronic Schedule B.xls, NTO001.xls and NTO002.xls are Supplemental Pricing Worksheets for each separately priced position. The offeror shall also complete the Supplemental Pricing Worksheets and the, "Sources" tab within each spreadsheet, supplying the information used for the basis of proposed compensation rates, benefits and, all market surveys performed. The information on diskette 4 shall mirror the information on diskette 3.
- c. Diskettes 5 and 6 shall each contain the offeror's Management Plan and shall contain the file Management Plan.doc (Section J, Attachment 031). The information on diskette 5 shall mirror the information on diskette 6.

L.7.1.2. Closing Dates. The closing date for Diskettes 1 and 2 shall be 15 Mar 01 at 2:00 PM local time (Eastern Standard Time). The closing date for Diskettes 3, 4, 5 and, 6 shall be 22 Mar 01 at 2:00 PM local time (Eastern Standard Time). If an offeror is late submitting (a) any diskette, or (b) any diskette required file is missing from their proposal, their entire proposal will be considered late.

L.7.1.3. Offerors are responsible for assuring that the diskettes forwarded in response to this solicitation are neither damaged nor unreadable. Diskettes 1 through 6 shall be formatted by either Microsoft Windows 95 or Microsoft Windows 98. All files shall be submitted using either Microsoft Word 97 (for the .doc files) or Microsoft Excel 97 (for the .xls files). Diskettes 1 and 2 contain mirror files, diskettes 3 and 4 contain mirror files and, diskettes 5 and 6 contain mirror files. Offerors shall assure that all files are in a "read only" format and not subject to change. Files shall not be password protected.

L.7.1.4. Offerors shall accept the formatting, style, pitch/point, margins and other formatting imbedded in these electronic documents as provided by E-mail. The Government will accept no changes.

L.7.1.5. Diskettes 1 and 2: Past Performance

a. The Contractor shall complete the past performance table provided as Past Performance.doc. This Microsoft Word 97 document includes information from not more than five of their previous/current contracts **not awarded by the Naval Medical Logistics Command** that are most current and relevant to the labor categories identified in Section B. The Government will supplement this information with part performance analyses of contracts awarded by the Naval Medical Logistics Command. In order to be considered current, services must have been provided within the last five years. In selecting the most relevant contracts, the offeror may include contracts that demonstrate the prior experience of corporate officials or the experience of subcontractors/teaming partners. However, these officials or subcontractors/teaming partners shall have a role in support of the requirements of this solicitation and the resultant contract(s).

b. If the offeror has no relevant past performance, they shall affirmatively state that they possess no relevant past performance within Past Performance.doc.

c. The offeror shall provide past performance information by completing the table contained within Past Performance.doc that includes the following:

- 1) The contract number(s) and,
- 2) A brief description of services provided and an explanation of how the experience is directly related and/or similar or relevant to the statement of work and,
- 3) The number and type of healthcare workers provided, e.g., 2 pharmacists, 13 medical assistants, etc. and,
- 4) The location of services provided including facility name, city and, state and,
- 5) The dates of services provided and,
- 6) The name, organization, address and telephone number of a verified point of contact at the federal, state, local Government or commercial entity for which the contract services were performed. The offeror is responsible for ensuring that all points of contact provided as references are current and appropriate, and that the phone numbers provided are valid and,
- 7) The number, type and severity of any quality, delivery or price problems in performing the contract, the corrective action taken and the effectiveness of the corrective action.

d. A single page discussion (which follows the chart) of noteworthy successes, accomplishments, awards or commendations achieved during the described experience in providing services, and any other information the offeror considers relevant to its corporate experience. The Government will accept no more than one single spaced page.

L.7.1.6. Diskettes 3 and 4: Business Proposals. Your business proposal must include the following:

- a. A completed Standard Form 33. This form must be downloaded, printed, completed, signed and mailed/delivered by the offeror with diskettes 3 and 4 and,
- b. An acknowledgment of any amendments issued by the Government prior to the receipt of proposals and,

c. A completed Section K.doc containing the Representations, Certifications and Other Statements of Offerors contained in Section K of this solicitation. The offeror shall print and sign the completed Section K.doc and MAIL those signed certifications, the completed and signed SF-33 and diskettes 3 and 4 and,

d. For the, "Minimum Order Quantity", the offeror shall complete Electronic Schedule B.xls for CLINS 0001 through 0011. The offeror shall complete the boxes shaded in light blue. The spreadsheet will calculate the remaining totals including the total price for CLINs 0001 through 0011. Included on Electronic Schedule B.xls is a Supplemental Pricing Worksheet for each separately priced position. The offeror shall also complete the, "Sources" tab within that spreadsheet, supplying the information used for the basis for proposed compensation rates, benefits and, including all market surveys performed. The information provided in Electronic Schedule B.xls for CLINS 0001 through 0011 will be used to determine price realism during the evaluation of the offeror's proposal. The final negotiated healthcare worker compensation rates proposed within Electronic Schedule B.xls will be considered the lowest acceptable compensation rates to the healthcare worker upon award of initial task orders. The task order awardee is not prohibited from paying a range of compensation rates to recruited healthcare workers in a particular labor category, but under no circumstances shall the compensation rate be lower than that included in the rates shown in Electronic Schedule B.xls and,

e. For Notional Task Order NTO001 (Community Based Outpatient Clinic Services for Naval Hospital, Camp Pendleton, CA) the offeror shall complete NTO001.xls identified in the Notional Task Order. Included on NTO001.xls is a Supplemental Pricing Worksheet for each separately priced position. The information provided in NTO001.xls for each separately priced position will be used to determine price realism during the evaluation of the offeror's proposal and,

f. For Notional Task Order NTO002 (Women's Health Services for the Naval Hospital, Oak Harbor, WA) the offeror shall complete NTO002.xls identified in the Notional Task Order. Included on NTO002.xls is a Supplemental Pricing Worksheet for each separately priced position. The information provided in NTO002.xls for each separately priced position will be used to determine price realism during the evaluation of the offeror's proposal and,

L.7.1.7. Diskettes 5 and 6: Management Plan. The Contractor shall complete the document provided in (Section J, Attachment 031) as Management Plan.doc. This Microsoft Word 97 document requires the offerors to provide information concerning their management plan for the provision of services.

L.7.1.8. Multiple awards are contemplated as a result of this solicitation. The minimum quantity per contract awarded will be at least one CLIN. The Government shall determine which CLINs are awarded to each successful offeror (via Task Order) at the time of award of the basic contract. Task Orders for the minimum quantities will be issued concurrent with the award of each contract. Task Orders issued after the minimum quantities are satisfied will be priced individually at the time of Task Order proposal request (see Section H.2. for Task Order procedures).

L.8. PROPOSAL EVALUATION FACTORS

a. Proposals shall be in the form prescribed by, and shall contain a response to each of the areas identified in Section L, paragraph L.7 of this solicitation.

b. The Government reserves the right to award without discussions. It should be noted that award may be made to other than the lowest priced offer. Offerors are therefore cautioned that each initial offer should contain the offeror's best terms. In the evaluation of all offeror's proposals, Past Performance is significantly more important than the Management Plan. Additionally, the combined technical evaluation factors of Past Performance and Management Plan are significantly more important than the combined price evaluation factors of Completeness, Reasonableness, and Realism.

L.8.1. Past Performance. The Government will evaluate the "risk to the Government" associated with the offeror's past performance. The Government will give greater consideration to experience that is most relevant to the

solicitation. Past Performance not as relevant will warrant a greater technical risk assessment. The most relevant past performance will be those references that most closely match the solicitation requirements in terms of Scope (i.e. the type of healthcare workers in settings similar to the requirement [clinical environment]) and, Magnitude (i.e. the numbers of healthcare workers provided by labor category) and, Complexity (i.e. the range and depth of labor categories, geographic similarity to the requirement [i.e. metropolitan versus rural], single/multi-site and, single/multi specialty). The Government reserves the right to contact the points of contact identified in the offeror's proposal for the purpose of verifying the offeror's record of past performance. The Government will not restrict its past performance evaluation to information submitted by offerors but will also consider any other information in its possession.

L.8.2. Business Proposals. Adequate price competition is expected for this acquisition. As indicated in Section L, paragraph 7.1.4 (above), offerors are required to furnish Supplemental Pricing Worksheets, to support all prices proposed for Section B, paragraph B.10 (CLINs 0001 through 0011; the minimum order quantities) and prices proposed for the Notional Task Orders contained in Section J, Attachments 027 and 028. The Price Proposal (containing both Section B minimum order quantity pricing and Notional Task Order pricing (Section J, Attachments 027 and 028) will be evaluated with consideration to the following factors:

- a. Completeness. All cost information required by the Request for Proposal (RFP) has been submitted.
- b. Reasonableness. The degree to which the proposed prices compare to the prices a reasonable prudent person would expect to incur for the same or similar services.
- c. Realism. The proposed labor compensation rates proposed in the offeror's supplemental pricing worksheets for each CLIN or SLIN will be examined to identify unusually low cost estimates, understatements of costs, inconsistent pricing patterns, potential misunderstandings of the solicitation requirements, and the risk of personnel recruitment and retention problems during contract performance.

L.8.3. Management Plan. The Government will evaluate the "risk to the Government" associated with the offeror's Management Plan. The Government will not assume that the offeror possesses any capability unless it is specified in their Management Plan proposal. The Government will evaluate the offeror's approach to:

- a. Recruiting health care workers that meet the requirements of the solicitation and the position specific statement(s) of work.

- (1) Specific plans to recruit health care workers.

- (2) Identification of specific marketplace barriers (commodity shortages, geographic remoteness/barriers, competitive marketplace conditions, etc.) that may preclude the successful recruitment.

- (3) Any unusual or extraordinary recruitment methods that may be required to fill scarce marketplace commodities (if identified in your market research).

- (4) Specific milestones to be achieved during the start-up period that will help assure success on the date that services are scheduled to begin.

- (5) Ideas to mitigate any risks identified to successful recruitment, for example, relocating allowances, etc.

- b. Retaining health care workers.

- (1) Ideas to mitigate any risks of employee turnover.

- (2) Physician and Other Scarce Healthcare Occupation Perquisites (other than direct compensation paid to health care workers). Of particular concern to the Government is the offeror's capability to retain Pharmacists at Naval

Hospital Bremerton, WA, Family Practice Physicians at Naval Medical Center San Diego, CA and Naval Hospital Camp Pendleton. Offerors shall complete the "Perquisites Granted to Physicians And Other Professionals" table contained in Attachment 031, "Electronic File Format; Offeror's Management Plan."

(3) Fringe benefits (specifically non-required/non-regulatory fringe benefits) paid to health care workers. Offerors shall complete the "Employee Fringe Benefits" table contained in Attachment 031, "Electronic File Format; Offeror's Management Plan."

c. Plans to ensure healthcare workers' credentials are current, complete, and submitted timely, taking into account the specific requirements of task order contracting.

d. Unique requirements of Notional task orders NTO001 and NTO002 per the specific requirements of Section J, Attachments 027 and 028.

e. The offeror's proposed subcontractors and/or teaming partners (either large or small businesses), demonstrating their experience with multiple medical labor categories across wide geographic areas (if subcontracting and/or teaming is proposed). The offeror shall provide letters from the subcontractor and/or teaming partners that indicate how these teaming arrangements will be used. The offeror shall specify the performance responsibility of each subcontractor and/or teaming partner if a contract is ultimately awarded.

L.9. TECHNICAL QUESTIONS. Offerors must submit all technical questions concerning this solicitation in writing to the Contract Specialist. The Naval Medical Logistics Command must receive the questions not later than 15 calendar days after the issue date (Block 5 of SF 33) of this solicitation. The Contract Specialist will answer questions that may affect offers in an amendment to the solicitation. The Contract Specialist will not disclose the source of the questions. Questions shall be referred to:

Naval Medical Logistics Command
ATTN: Code 02, Ms. Judy Draper
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX: (301) 619-6793
JLDraper@us.med.navy.mil

L.10. LIMITATION OF PAYMENT FOR PERSONAL SERVICES. Under the provisions of 10 U.S.C. 1091 and DODI 6025.5, "Personal Services Contracting", implemented 6 January 1995, the total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate specified in 10 U.S.C. 1091.

L.11. PRE-PROPOSAL CONFERENCE. The Government will conduct a pre-proposal conference for this acquisition. This conference will be conducted at the Naval Hospital, Bremerton, WA on *6 March 2001, 9:00 AM local time*. To register for this conference, send an email or FAX request to the point of contact provided below.

Naval Medical Logistics Command
ATTN: Code 02, Ms. Judy Draper
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX: (301) 619-6793
JLDraper@us.med.navy.mil

Provide the following information:

Name of Offeror
Address and Phone Number of Offeror

Name(s) of Attendees (Limit 3 attendees per offeror)

L.12. SITE VISITS. The Government will conduct a site visit at the Naval Hospital, Bremerton, WA on 6 March 2001, immediately following the pre-proposal conference outlined in L.11 above. The Government will then conduct site visits at the Naval Medical Center, San Diego, CA on 8 March 2001 and Naval Hospital Camp Pendleton, CA on 9 March 2001. To register for any/all site visits, send an email or FAX request to the point of contact provided below.

Naval Medical Logistics Command
ATTN: Code 02, Ms. Judy Draper
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX: (301) 619-6793
JLDraper@us.med.navy.mil

Provide the following information:

Name of Offeror
Address and Phone Number of Offeror
Name(s) of Attendees (Limit 3 attendees per offeror)

L.13 REVIEW OF AGENCY PROTESTS

- (a) The contracting activity, Naval Medical Logistics Command, will process agency protests in accordance with the requirements set forth in FAR 33.101(d).
- (b) Pursuant to FAR 33.101(d)(4), agency protests may be filed directly with the appropriate reviewing authority; or a protester may appeal a decision rendered by a contracting officer to the appropriate reviewing authority.
- (c) The reviewing authority for Ms. Judy Draper is Mr. Gilbert Hovermale, Naval Medical Logistics Command, Code 02, 1681 Nelson Street, Fort Detrick, MD 21702-9203. Agency procurement protests should clearly identify the initial adjudicating official, i.e., the "contracting officer" or "reviewing official."
- (d) Offerors should note this review of the Contracting Officer's decision will not extend GAO's timeliness requirements. Therefore, any subsequent protest to GAO must be filed within 10 days of knowledge of initial adverse agency action.

END OF SECTION L

SECTION M - EVALUATION FACTORS FOR AWARD

M.1. EVALUATION CRITERIA AND BASIS FOR AWARD.

M.1.1. The Government intends to award at least 3 and not more than 6 multiple indefinite delivery indefinite quantity (ID/IQ) contracts resultant from the issuance of this solicitation to those responsible offerors submitting proposals that are determined most advantageous to the Government, price and other factors considered. The evaluation of proposals will be based on a technical evaluation of Past Performance and the Management Plan and, the Business Proposal submitted by each offeror. The Government intends to make multiple awards under this solicitation to allow for maximum competition for future task order awards. Awards under this procurement will be made to the offerors determined to be the best value to the Government.

M.1.2. The combined factors Past Performance and Management Plan are significantly more important than price. In the evaluation of all offeror's proposal, Past Performance is significantly more important than the Management Plan. Additionally, the combined technical evaluation factors of Past Performance and Management Plan are significantly more important than the combined price evaluation factors of Completeness, Reasonableness, and Realism. However, the closer the merits of the technical proposal are to one another, the greater will be the importance of price in making the award determination. In the event that two or more proposals are determined not to have any substantial technical differences (i.e. are technically equivalent), award may be made to the lower priced proposal. It should be noted that award may be made to other than the lowest priced offer if the Government determines that a price premium is warranted due to technical merit. A price premium may also be considered to facilitate award of contracts to three or more different offerors to gain the advantages associated with increased competition for future task orders.

M.1.3. Awards may also be made on the basis of initial offers without discussions. Offerors are therefore cautioned that each initial offer should contain the offeror's best terms.

M.1.4. Past Performance. The Government will evaluate the, "risk to the Government" associated with the offeror's past performance. The Government will give greater consideration to experience that is most relevant to the solicitation. Past Performance not as relevant will warrant a greater technical risk assessment. The most relevant past performance will be those references that most closely match the solicitation requirements in terms of Scope (i.e. the type of healthcare workers in settings similar to the requirement [clinical environment]) and, Magnitude (i.e. the numbers of healthcare workers provided by labor category) and, Complexity (i.e. the range and depth of labor categories, geographic similarity to the requirement [i.e. metropolitan versus rural], single/multi-site and, single/multi specialty). The Government reserves the right to contact the points of contact identified in the offeror's proposal for the purpose of verifying the offeror's record of past performance. The Government will not restrict its past performance evaluation to information submitted by offerors but will also consider any other information in its possession.

M.1.5. Business Proposals. The Government will evaluate the business proposal responses with consideration to the following factors:

- a. Completeness. All cost information required by the Request for Proposal (RFP) has been submitted.
- b. Reasonableness. The degree to which the proposed prices compare to the prices a reasonable prudent person would expect to incur for the same or similar services.
- c. Realism. The proposed labor compensation rates proposed in the offeror's supplemental pricing worksheets for each CLIN or SLIN will be examined to identify unusually low cost estimates, understatements of costs, inconsistent pricing patterns, potential misunderstandings of the solicitation requirements, and the risk of personnel recruitment and retention problems during contract performance.

M.1.6. Management Plan. The Government will evaluate the “risk to the Government” associated with the offeror's Management Plan. The Government will not assume that the offeror possesses any capability unless it is specified in their Management Plan proposal. The Government will evaluate the offeror's approach to:

a. Recruiting health care workers that meet the requirements of the solicitation and the position specific statement(s) of work.

(1) Specific plans to recruit health care workers

(2) Identification of specific marketplace barriers (commodity shortages, geographic remoteness/barriers, competitive marketplace conditions, etc.) that may preclude the successful recruitment.

(3) Any unusual or extraordinary recruitment methods that may be required to fill scarce marketplace commodities (if identified in your market research).

(4) Specific milestones to be achieved during the start-up period that will help assure success on the date that services are scheduled to begin.

(5) Ideas to mitigate any risks identified to successful recruitment, for example, relocating allowances, etc.

b. Retaining health care workers.

(1) Ideas to mitigate any risks of employee turnover.

(2) Physician and Other Scarce Healthcare Occupation Perquisites (other than direct compensation paid to health care workers). Of particular concern to the Government is the offeror's capability to retain Pharmacists at Naval Hospital Bremerton, WA, Family Practice Physicians at Naval Medical Center San Diego, CA and Naval Hospital Camp Pendleton. Offerors shall complete the "Perquisites Granted To Physicians And Other Professionals" table contained in Attachment 031, "Electronic File Format; Offeror's Management Plan."

(3) Fringe benefits (specifically non-required/non-regulatory fringe benefits) paid to health care workers. Offerors shall complete the "Employee Fringe Benefits" table contained in Attachment 031, "Electronic File Format; Offeror's Management Plan."

c. Plans to ensure healthcare workers' credentials are current, complete, and submitted timely, taking into account the specific requirements of task order contracting.

d. Unique requirements of Notional task orders NTO001 and NTO002 per the specific requirements of Section J, Attachments 027 and 028.

g. The offeror's proposed subcontractors and/or teaming partners (either large or small businesses), demonstrating their experience with multiple medical labor categories across wide geographic areas (if subcontracting and/or teaming is proposed). The offeror shall provide letters from the subcontractor and/or teaming partners that indicate how these teaming arrangements will be used. The offeror shall specify the performance responsibility of each subcontractor and/or teaming partner if a contract is ultimately awarded.

(END OF SECTION M)

**ATTACHMENT 001
PHARMACIST**

1. LABOR CATEGORY.

1.1. The contractor shall provide 4,176 hours (2.0 FTE) **PHARMACIST** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide services in support of the Pharmacy department located at Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. The health care workers shall provide pharmacist services Sunday through Saturday, including Federal holidays. Schedules will be prepared approximately 4 weeks in advance and health care workers shall not exceed 80 hours in a two-week period. Shifts for individual health care workers are as follows:

Weekday Schedule (Monday-Friday)

0730 – 1600 (7:30 AM – 4:00 PM)
0930 – 1800 (9:30 AM – 6:00 PM)
1130 – 2000 (11:30 AM – 8:00 PM)

Weekend Schedule (Saturday, Sunday, Holidays)

0800 – 1630 (8:00 AM – 4:30 PM)

3.1.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

3.1.3. The health care worker shall rotate coverage on the Federal holidays equitably with other Government staff.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Credentials File (ICF) requirements as specified in Section C.7.2. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of pharmacists authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Ancillary Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF PHARMACISTS ARE AS FOLLOWS:

5.2.1. Perform a full range of pharmacist duties for both inpatient and outpatient pharmacies to include:

5.2.2. Checking and dispensing of new prescriptions, refilling prescriptions, entering orders into a database, monitoring for drug interactions/allergies and monitoring drug overlaps.

5.2.3. Providing services as a drug information consultant to support new and refill prescriptions, patient requests, reporting allergies, reviewing patient profiles, and lab values.

5.2.4. Participate in quality improvement activities, performing drug storage inspections, reviewing expiration dates on supplies, and producing error and workload reports and documentation.

5.2.5. Participate in pharmaceutical care to identify and prevent or resolve drug-related problems including patients needing pharmacy therapy but not receiving it; patients taking or receiving the wrong drug; patients taking or receiving too little of the correct drug or taking or receiving too much of the correct drug; patients not taking or receiving the drug prescribed; and patients taking or receiving a drug for which there is no valid medical interaction.

5.2.6. Monitor and perform distributive functions for inpatient pharmaceutical services including work units for Unit Dose, Sterile Products, Bulk Orders, and parenteral nutrition and chemotherapy.

5.2.7. Perform other administrative duties including reporting adverse drug reactions, attendance at board and committee meetings and pharmacy staff meetings as appropriate.

5.2.8. Compounds and dispenses prescriptions including bulk compounding of pharmaceuticals and making stock preparations as may be required.

5.2.9. Develops and prepares sterile products such as total parenteral nutrition, IV admixtures, and ophthalmic solutions upon proper authorized request.

5.2.10. Screens prescriptions for proper interpretation, appropriate dosages, and possible therapeutic, chemical or physical incompatibility.

5.2.11. Participates in supply issues requiring a pharmacist knowledge base, which includes selection, and stocking of medications as may be required.

5.2.12. Advises patients and nursing staff on dosage regimen, side effects, storage requirements, and any special instructions warranted by individual drugs or the concurrent administration of another or multiple prescriptions.

5.2.13. Provides pharmaceutical care appropriate to the age of the patients served.

5.2.14. Prepares and participates in training programs for pharmacy and other hospital staff personnel.

5.2.15. Participates in the detection, reporting, and prevention of adverse drug reactions and medication errors.

5.2.16. Monitoring patient drug therapy by reviewing patient's medical record, pharmacy medication profile, appropriate laboratory data, medication administration records and through patient/family interviews.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR PHARMACISTS REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1. A Baccalaureate degree in Pharmacy from a college of pharmacy accredited by the American Council of Pharmaceutical Education (ACPE).

6.2. A current, valid, unrestricted license to practice Pharmacy in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

6.3. Experience as a Pharmacist for at least 12 months with the preceding 36 months.

6.4. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other letter must be from practicing physicians or senior pharmacists. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 002
CLINICAL PHARMACOLOGIST

1. LABOR CATEGORY.

1.1. The contractor shall provide 2,088 hours (1.0 FTE) **CLINICAL PHARMACOLOGIST** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide services in support of the Pharmacy department located at Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. The health care worker shall provide services Monday through Friday, including Federal holidays, for an 8.5-hour shift to include an uncompensated 30-minute meal break. Schedules will be prepared approximately 4 weeks in advance and health care workers shall not exceed 80 hours in a two-week period. Shifts for individual health care workers are as follows:

8-hour Shifts:

0730 – 1600 (7:30 AM – 4:00 PM)

0930 – 1800 (9:30 AM – 6:00 PM)

3.1.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

3.1.3. The health care worker shall rotate coverage on the Federal holidays equitably with other Government staff.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Credentials File (ICF) requirements as specified in Section C.7.2. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of pharmacists authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Ancillary Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF CLINICAL PHARMACOLOGISTS ARE AS FOLLOWS:

5.2.1. Perform a full range of clinical pharmacology duties to include:

5.2.2. Checking and dispensing of new prescriptions, refilling prescriptions, entering orders into a database, monitoring for drug interactions/allergies and monitoring drug overlaps.

5.2.3. Providing services as a drug information consultant to support new and refill prescriptions, patient requests, reporting allergies, reviewing patient profiles, and lab values.

5.2.4. Participate in quality improvement activities, performing drug storage inspections, reviewing expiration dates on supplies, and producing error and workload reports and documentation.

5.2.5. Participate in pharmaceutical care to identify and prevent or resolve drug-related problems including patients needing pharmacy therapy but not receiving it; patients taking or receiving the wrong drug; patients taking or receiving too little of the correct drug or taking or receiving too much of the correct drug; patients not taking or receiving the drug prescribed; and patients taking or receiving a drug for which there is no valid medical interaction.

5.2.6. Monitor and perform distributive functions for inpatient pharmaceutical services including work units for Unit Dose, Sterile Products, Bulk Orders, and parenteral nutrition and chemotherapy.

5.2.7. Perform other administrative duties including reporting adverse drug reactions, attendance at board and committee meetings and pharmacy staff meetings as appropriate.

5.2.8. Develop and prepare sterile products such as total parenteral nutrition, IV admixtures, and ophthalmic solutions upon proper authorized request.

5.2.9. Screen prescriptions for proper interpretation, appropriate dosages, and possible therapeutic, chemical or physical incompatibility.

5.2.10. Participate in supply issues requiring a pharmacist knowledge base, which includes selection, and stocking of medications as may be required.

5.2.11. Provide consultative services to the medical staff and other medical professionals regarding pharmaceuticals services and rational therapeutics.

5.2.12. Advise patients and nursing staff on dosage regimen, side effects, storage requirements and any special instructions warranted by individual drugs or the concurrent administration of another or multiple prescriptions.

5.2.13 Provide pharmaceutical care appropriate to the age of the patients served.

5.2.14. Prepare and participate in training programs for pharmacy and other hospital staff.

5.2.15. Participate in the detection, reporting, and prevention of adverse drug reactions and medication errors.

5.2.16. Monitoring patient drug therapy by reviewing patient's medical record, pharmacy medication profile, appropriate laboratory data, medication administration records and through patient/family interviews.

5.2.17. Meets with patients to:

5.2.17.1. Obtain a complete drug history.

5.2.17.2. Monitor the patient's response to drug therapy through all available sources, such as, patient and pharmacy records, and laboratory data.

5.2.17.3. Educate and counsel the patient regarding his/her drug therapy and/or protocol.

5.2.17.4. Explain information about current drug therapy and the potential side effects.

5.2.18. Participates in rounds to monitor and review drug therapy for rational indications, dosing, adverse drug reactions, drug interactions, IV incompatibilities and complications of multiple drug therapies.

5.2.19. Provides educational and training programs to staff pharmacists, residents and other pharmacology candidates.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR CLINICAL PHARMACOLOGISTS REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1. Either (a) a Doctor of Pharmacy degree from a college of pharmacy accredited by the American Council of Pharmaceutical Education (ACPE) or, (b) a Baccalaureate degree in Pharmacy and completion of either (1) an American Society of Health-System Pharmacists (ASHP) approved clinical based pharmacy residency or, (2) certification by the Board of Pharmaceutical Specialties in Pharmacotherapy (BCPS).

6.2. A current, valid, unrestricted license to practice Pharmacy in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

6.3. Experience as a Pharmacist for at least 12 months with the preceding 36 months.

6.4. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other letter must be from practicing physicians or senior pharmacists. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

**ATTACHMENT 003
PHARMACY TECHNICIAN**

1. LABOR CATEGORY.

1.1. The contractor shall provide 8,352 (4.0 FTE) **PHARMACY TECHNICIAN** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide nursing services in support of the Pharmacy department (including both the outpatient and inpatient pharmacies) located at Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. The health care workers shall provide pharmacy technician services Sunday through Saturday, including Federal holidays. Schedules will be prepared approximately 4 weeks in advance and health care workers shall not exceed 80 hours in a two-week period. Shifts for individual health care workers are as follows:

Permanent Night Shift (Pharmacy Tech A):

8 consecutive days on/6 days off:

- 1, 10-hour day shift (0730 – 1800)
- 7, 10-hour night shifts (2130 – 0800)

Permanent Night Shift (Pharmacy Tech B):

8 consecutive days on/6 days off:

- 1, 10-hour day shift (0730 – 1800)
- 7, 10-hour night shifts (2130 – 0800)

Rotating Shift Position (Pharmacy Tech C):

8-hour shifts (Sunday-Saturday):

- 0730 – 1600 (7:30 am – 4:00 pm)
- 0930 – 1800 (9:30 am – 6:00 pm)
- 1330 – 2200 (1:30 pm – 11:00 pm)

Rotating Shift Position (Pharmacy Tech D):

8-hour shifts (Sunday-Saturday):

- 0730 – 1600 (7:30 AM – 4:00 PM)
- 0930 – 1800 (9:30 AM – 6:00 PM)
- 1330 – 2200 (1:30 PM – 11:00 PM)

3.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

3.3. The health care worker shall rotate coverage on the Federal holidays equitably with other Government staff.

4. QUALIFICATIONS PACKAGES.

4.1. The health care worker shall comply with submission requirements for qualifications packages as specified in Section C.7.4. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of pharmacy technicians authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Ancillary Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF PHARMACY TECHNICIANS ARE AS FOLLOWS:

5.2.1. Provide a full range of pharmacy technician duties to include:

5.2.2. Interprets inpatient and outpatient prescription orders and performs steps to correctly enter prescription data into the pharmacy computer system, fill the requested medication, and dispense the prescription.

5.2.3. Reviews and prepares pharmacy orders for intravenous additive solutions, using sterile technique and maintaining infection control procedures. This duty includes reviewing the patients medication profile, entering new drug orders, preparing labels, assembling the necessary ingredients, and labeling the completed product.

5.2.4. Maintain and maximize the Unit Dose Drug Distribution System. This duty includes preparing patient profiles, comparing new drug orders with existing orders for identification of problems such as, duplication of orders, omission of orders, drug-drug/food interactions, allergies to the prescribed medication, or other related items. The health care worker shall then dispense doses directly to the ward, exchange the medication cassettes and interact with ward personnel.

5.2.5. Perform extemporaneous and bulk compounding of locally formulated pharmaceutical products. The health care worker shall be able to recognize a variety of potential incompatibility situations when compounding, and either resolve the problem or refer to a pharmacist for resolution.

5.2.6. Repackage bulk medications into smaller containers of predetermined size of unit dose packaging. The health care worker shall be able to maintain an adequate level of pre-packs, operate and maintain pre-packing equipment.

5.2.7. Assemble drugs and supplies for distribution to wards and clinics within the parameters of pharmacy floor stock policies and procedures.

5.2.8. Responds to pharmacy questions concerning the proper administration and use of medication, drug interactions and incompatibilities, availability of medications, unit of use, from hospital staff and/or patients to ensure correct use in a tactful and helpful manner.

5.2.9. Advises supply personnel of any shortages of medications or supplies and informs the supply section of any unusual use or large quantities of drugs that are being dispensed. Maintains storage of medications and supplies according to good pharmacy practices, including checking for, and removing, outdated or deteriorated supplies.

5.2.10. Accurately maintains the required records and accountability documents reflecting the issuance and receipt of controlled substances and will immediately report to the supervising pharmacist any discrepancies or unusual requests.

5.2.11. Inspect wards and clinics for the proper storage, dating, and stock levels of medications.

5.2.12. The health care worker shall demonstrate a professional knowledge of hospital pharmacy practices, principles, and techniques of a pharmacy technician.

5.2.13. The health care worker shall demonstrate a competent level of knowledge of medical terminology, and appropriate medical abbreviations and possess a general knowledge of the medications, their strengths, dose forms,

indications, doses, contraindications, adverse drug reactions and be prepared to provide special administration instructions to the patient.

5.2.14. The health care worker shall demonstrate a working knowledge of pharmacy math, apothecary and metric weights and measures, and the ability to convert one to the other accurately in the preparation of prescriptions and shall have a basic knowledge of Pharmaceutical Laws (e.g., Federal, State, and local MTF Instructions, as appropriate).

5.2.15. Follows all departmental policies and procedures in the performance of duties. Participates in performance improvement activities.

5.2.16. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, and students) assigned to them during the performance of clinical procedures.

5.2.17. Participate in departmental and general administrative meetings and training as appropriate, e.g., administrative service board and committee attendance and pharmacy staff meetings.

5.2.18. Perform necessary administrative duties which include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.

5.2.19. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

5.2.20. Attend required Command training and up-dates: family advocacy, disaster training, Sexual Harassment, and other courses as directed.

5.2.21. Perform necessary administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR PHARMACY TECHNICIANS REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1.1. Either (1) a graduate of a pharmacy technician program accredited by the American Society of Health System Pharmacists (ASHP) such as the Pharmacy Technician Certification Board; or (2) have successfully completed a formal (e.g., military, technical or hospital based program) pharmacy technician training program; or (3) three years as pharmacy technician.

6.1.2. Experience as a pharmacy technician of at least 12 continuous months within the preceding 36 months.

6.1.3. Letters of recommendation from two practicing pharmacists or supervisors written within the preceding two years attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 004
REGISTERED NURSE (PEDIATRIC)

1. LABOR CATEGORY.

1.1. The contractor shall provide 2,088 hours (1.0 FTE) **REGISTERED NURSE (PEDIATRIC)** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide services in support of the Pediatric Clinic located at Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. The health care worker shall provide services Monday through Friday, excluding Federal holidays, for an 8.5-hour shift to include an uncompensated 30-minute meal break. Schedules will be prepared approximately 4 weeks in advance. Shifts for individual health care workers are as follows:

8-hour Shifts:

0800 – 1630 (8:00 AM – 4:30 PM)
1200 – 2030 (12:00 PM – 8:30 PM)

3.1.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

3.1.3. The health care worker shall not be required to provide services on any Federal holidays (See Section C.3.1.3 of the basic contract) and shall be reimbursed for those holidays.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Professional File (IPF) requirements as specified in Section C.7.3. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of registered nurses authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF FAMILY PRACTICE REGISTERED NURSES ARE AS FOLLOWS:

5.2.1. Provides a full range of family practice/primary care clinic professional nursing duties including, but not limited to, triage; patient assessment and monitoring; use of patient monitoring and treatment equipment; appropriate nursing care; procedures, and treatments; execution of physicians' orders with the guidelines of standard nursing practice; documentation of patient care and observations; and patient education and emotional support.

5.2.2. Provide professional nursing care in a knowledgeable, skillful, consistent, and continuous manner.

5.2.3. Coordinate patient/staff education (e.g., intravenous (IV) certifications, infection control, updating clinical manuals, in-service training, patient after-care education, etc.)

5.2.4. Assist in quality assurance and quality improvement program.

5.2.5. Assist or act as Patient Contact Representative.

5.2.6. Formulate and carry out a goal directed plan of care which based on determined nursing diagnosis and patient outcome and which is prioritized according to patient needs and available resources including time, personnel, equipment, and supplies.

5.2.7. Provide physical, nutritional, and psychological support to patients as may be required.

5.2.8. Perform assessment/data collection in an ongoing and systematic manner, focusing on physiological, psychological, and cognitive skills.

5.2.9. Provide a safe, clean environment for each patient.

5.2.10. Ensure areas are stocked and properly equipped.

5.2.11. Identify patient's/significant other's other learning needs and implement appropriate measures to meet identified needs.

5.2.12. Assist in planning, supervising, and instructing licensed practical/licensed vocational nurses (LPNs/LVNs), nursing assistants, and other clinical support personnel as appropriate.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR FAMILY PRACTICE REGISTERED NURSES REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1. Graduation from an accredited school of nursing or possess either a, (1) Baccalaureate degree in Nursing; or (2) Associate degree in Nursing from an accredited college or university.

6.2. A current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the fifty states must provide proof of having successfully passed the National Council Licensure Exam (NCLEX).

6.3. One year of full-time experience as a Registered Nurse within the last three years in an outpatient environment of comparable size and complexity.

6.4. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other letter must be from practicing physicians or senior registered nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 005
REGISTERED NURSE (POST ANESTHESIA CARE UNIT)

1. LABOR CATEGORY.

1.1. The contractor shall provide 2,088 hours (1.0 FTE) **REGISTERED NURSE (POST ANESTHESIA CARE UNIT)** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide nursing services in support of the Surgery department located at Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. The health care worker shall provide services four days per week, from Monday through Friday, excluding federal holidays from 0700 to 1730 hours (7:00am to 5:30 pm) and shall receive an uncompensated 30-minute meal break. Schedules will be prepared approximately 4 weeks in advance and coverage of services by health care workers shall not exceed 80 hours in a two-week period.

3.1.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

3.1.3. The health care worker shall not be required to provide services on any Federal holidays (see Section C.3.1.3 of the basic contract) and shall be reimbursed for those holidays.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Professional File (IPF) requirements as specified in Section C.7.3. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of registered nurses authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF POST ANESTHESIA CARE UNIT (PACU) REGISTERED NURSES ARE AS FOLLOWS:

5.2.1. Provide intensive nursing care to complex, critically ill patients. Continually assesses condition of one to two patients for potential or life threatening crisis and provide professional nursing care in a knowledgeable, skillful, consistent, and continuous manner.

5.2.2. Operate cardiac monitors and specialized unit equipment safely and effectively. Comprehend underlying principles of intra-aortic balloon pump (IABP) and pacers. Interprets cardiac rhythms, determines implications of data and makes indicated interventions, including the provision of Advanced Cardiac Life Support (ACLS).

5.2.3. Safely administers prescribed medications to include IV push drugs and IV drips. Monitors and documents patient(s) responses(s) in a timely manner. Demonstrates ability to correctly integrate knowledge of drug actions with hemodynamic concepts.

5.2.4. Adeptly cares for patients on ventilators; can trouble shoot alarms/machines and recognize airway problems, initiates appropriate interventions. Understands ventilator concepts.

5.2.5. Receives, assesses, monitors and documents findings on client. Provides education. Ambulates. Verifies post-op voiding. Discharges patient after re-enforcement of teaching. Completes nursing care document, reorganizes chart and signs out patient. Makes follow up clinic appointment for patient.

5.2.6. Must set up, operate, maintain, and discontinues medical equipment. Administers prescribed medications. Provides emergency medical/surgical treatment. Provides nutrition and nourishment. Assists with transporting patient(s). Maintains nursing record(s) and plans.

5.2.7. May provide care for Continuous Renal Replacement Therapy (CRRT) patients.

5.2.8. Recovers both stable and unstable patients of all ages from general and regional anesthesia.

5.2.9. Coordinate patient/staff education (e.g., intravenous (IV) certifications, infection control, updating clinical manuals, in-service training, patient after-care education, etc.)

5.2.10. Assist in quality assurance and quality improvement program.

5.2.11. Telephone follow up assessment of patient and instruction reinforcement.

5.2.12. Provide a safe, clean environment for each patient.

5.2.13. Ensure areas are stocked and properly equipped.

5.2.14. Identify patient's/significant other's other learning needs and implement appropriate measures to meet identified needs.

5.2.15. Assist in planning, supervising, and instructing licensed practical/licensed vocational nurses (LPNs/LVNs), nursing assistants, and other clinical support personnel as appropriate.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR POST ANESTHESIA CARE UNIT (PACU) REGISTERED NURSES REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1. Graduation from an accredited school of nursing or possess either a, (1) Baccalaureate degree in Nursing; or (2) Associate degree in Nursing from an accredited college or university.

6.2. A current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the fifty states must provide proof of having successfully passed the National Council Licensure Exam (NCLEX).

6.3. One year of full-time experience providing services as a registered nurse in a post-operative/post anesthesia care unit within the last three years in an outpatient environment of comparable size and complexity.

6.4. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other letter must be from practicing physicians or senior registered nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 006
REGISTERED NURSE (ORTHOPEDIC/PERI-OPERATIVE)

1. LABOR CATEGORY.

1.1. The contractor shall provide 2,088 hours (1.0 FTE) **REGISTERED NURSE (ORTHOPEDIC/PERI-OPERATIVE)** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide nursing services in support of the Orthopedic Clinic located at Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. The health care worker shall provide services Monday through Friday, excluding federal holidays from 0730 to 1600 hours (7:30am to 4:00 pm) and shall receive an uncompensated 30-minute meal break. Schedules will be prepared approximately 4 weeks in advance.

3.1.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

3.1.3. The health care worker shall not be required to provide services on any Federal holidays (see Section C.3.1.3 of the basic contract) and shall be reimbursed for those holidays.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Professional File (IPF) requirements as specified in Section C.7.3. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of registered nurses authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF ORTHOPAEDIC REGISTERED NURSES ARE AS FOLLOWS:

5.2.1. Provide a full range of professional nursing services and care for patients of the orthopedic clinic to include perioperative services for patients who undergo orthopedic procedures.

5.2.2. Performs assessment/data collection in an ongoing and systematic manner, focusing on physiological, psychological, and cognitive status. Interviews patients to obtain history.

5.2.3. Promotes health maintenance and preventive health initiatives in caring for patients in the ambulatory setting.

5.2.4. Orthopedic-Perioperative-specific duties:

5.2.4.1. Pre-admission: Confirms scheduled surgery date and procedure with the Main Operating Room, Checks procedure on consult against written consent form, ensures surgical checklist is completed. Makes pre-op telephone

call to client to confirm arrival time and re-enforces physician/anesthesia instructions. Provides any pre-op teaching, post procedure transportation arrangements or significant other teaching.

5.2.4.2. Confers with surgeon on procedures concerning instruments, sutures, and equipment, assuring all prescribed equipment is present and functional.

5.2.4.3. Must set up, operate, maintain, and discontinues medical equipment. Administers prescribed medications. Provides emergency medical/surgical treatment. Provides nutrition and nourishment. Assists with transporting patient(s). Maintains nursing record(s) and plans. Provides patient and family teaching. Provides consultative services. Performs QA&I. Provides a safe environment.

5.2.4.4. Maintains perioperative nursing record.

5.2.4.5. Telephone follow up assessment of patient and instruction reinforcement.

5.2.5. Coordinate patient/staff education (e.g., intravenous (IV) certifications, infection control, updating clinical manuals, in-service training, patient after-care education, etc.)

5.2.6. Assist in quality assurance and quality improvement program.

5.2.7. Assist or act as Patient Contact Representative.

5.2.8. Formulate and carry out a goal directed plan of care which based on determined nursing diagnosis and patient outcome and which is prioritized according to patient needs and available resources including time, personnel, equipment, and supplies.

5.2.9. Provide physical, nutritional, and psychological support to patients as may be required.

5.2.10. Perform assessment/data collection in an ongoing and systematic manner, focusing on physiological, psychological, and cognitive skills.

5.2.11. Provide a safe, clean environment for each patient.

5.2.12. Ensure areas are stocked and properly equipped.

5.2.13. Identify patient's/significant other's other learning needs and implement appropriate measures to meet identified needs.

5.2.14. Assist in planning, supervising, and instructing licensed practical/licensed vocational nurses (LPNs/LVNs), nursing assistants, and other clinical support personnel as appropriate.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR ORTHOPAEDIC REGISTERED NURSES REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1. Graduation from an accredited school of nursing or possess either a, (1) Baccalaureate degree in Nursing; or (2) Associate degree in Nursing from an accredited college or university.

6.2. A current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the fifty states must provide proof of having successfully passed the National Council Licensure Exam (NCLEX).

6.3. One year of full-time experience providing services as a registered nurse in an orthopedic outpatient setting within the last three years of comparable size and complexity.

6.4. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other letter must be from practicing physicians or senior registered nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 007
REGISTERED NURSE (OPERATING ROOM)

1. LABOR CATEGORY.

1.1. The contractor shall provide 2,088 hours (1.0 FTE) **REGISTERED NURSE (OPERATING ROOM)** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide nursing services in support of the Operating Room/Surgery department located at Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. The health care worker shall provide services Monday through Friday, excluding federal holidays from 0730 to 1600 hours (7:30am to 4:00 pm) and shall receive an uncompensated 30-minute meal break. Schedules will be prepared approximately 4 weeks in advance.

3.1.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

3.1.3. The health care worker shall not be required to provide services on any Federal holidays (see Section C.3.1.3 of the basic contract) and shall be reimbursed for those holidays.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Professional File (IPF) requirements as specified in Section C.7.3. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of registered nurses authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF OPERATING ROOM REGISTERED NURSES ARE AS FOLLOWS:

5.2.1. Pre-admission: Confirms scheduled surgery date and procedure with the Main Operating Room, Checks procedure on consult against written consent form, ensures surgical checklist is completed. Makes pre-op telephone call to client to confirm arrival time and re-enforces physician/anesthesia instructions. Provides any pre-op teaching, post procedure transportation arrangements or significant other teaching.

5.2.2. Confers with surgeon on procedures concerning instruments, sutures, and equipment, assuring all prescribed equipment is present and functional.

5.2.3. Day of Surgery: Greets client, properly identifies client with placement of identification and/or allergy band(s). Orients client to Unit. Verifies post procedure transportation arrangement.

5.2.4. Conducts and documents pre-op nursing assessment. Verifies client compliance with instructions. Prepares client for procedure, may need to obtain additional labs. Arranges transport to OR (if necessary).

5.2.5. Monitors patients under local infiltration and block anesthesia.

5.2.6. Maintains perioperative nursing record.

5.2.7. Performs duties as circulator for surgical procedures, assuming responsibilities for coordinating patient care activities. Assumes responsibilities for aseptic technique maintenance during procedures, accuracy of sponge counts and adequacy of supplies.

5.2.8. May perform as a scrub nurse.

5.2.9. Post-op: Receives, assesses, monitors and documents findings on client. Provides education. Ambulates. Verifies post-op voiding. Discharges patient after re-enforcement of teaching. Completes nursing care document, reorganizes chart and signs out patient. Makes follow up clinic appointment for patient.

5.2.10. Must set up, operate, maintain, and discontinues medical equipment. Administers prescribed medications. Provides emergency medical/surgical treatment. Provides nutrition and nourishment. Assists with transporting patient(s). Maintains nursing record(s) and plans. Provides patient and family teaching. Provides consultative services. Performs QA&I. Provides a safe environment.

5.2.11. Telephone follow up assessment of patient and instruction reinforcement.

5.2.12. Assumes responsibility when assigned for in-service programs and training activities relative to surgical procedures and maintenance of aseptic technique and basic aseptic principles. Orients and trains new staff members or OR Tech/nursing students in scrubbing and circulating duties.

5.2.13. Provide a safe, clean environment for each patient.

5.2.14. Ensure areas are stocked and properly equipped.

5.2.15. Identify patient's/significant other's other learning needs and implement appropriate measures to meet identified needs.

5.2.16. Assist in planning, supervising, and instructing licensed practical/licensed vocational nurses (LPNs/LVNs), nursing assistants, and other clinical support personnel as appropriate.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR OPERATING ROOM REGISTERED NURSES REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1. Graduation from an accredited school of nursing or possess either a, (1) Baccalaureate degree in Nursing; or (2) Associate degree in Nursing from an accredited college or university.

6.2. A current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the fifty states must provide proof of having successfully passed the National Council Licensure Exam (NCLEX).

6.3. One year of full-time experience providing services as a registered nurse in a perioperative/post-operative/post-anesthesia care unit within the last three years in an outpatient environment of comparable size and complexity.

6.4. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other letter must be from practicing physicians or senior registered nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 008
LICENSED PRACTICAL (VOCATIONAL) NURSE
EMERGENCY DEPARTMENT

1. LABOR CATEGORY.

1.1. The contractor shall provide 2,088 hours (1.0 FTE) **LICENSED PRACTICAL (VOCATIONAL) NURSE** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide nursing services in support of the Emergency Department located at Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. The Emergency Department operates 24 hours/day, 7 days/week, 365 days/year (366 days in a leap year). The health care worker shall work six, 12-hour shifts and one, 8-hour shift for a total of 80 hours in a two-week period. The health care worker shall provide services for 5 of the 10 Federally-recognized holidays and shall provide services on Saturdays and Sundays (weekends), not to exceed two weekends in a single calendar month. Health care workers providing services for an 8-hour shift shall receive a 30-minute uncompensated meal break. Health care workers providing services for a 12-hour shift shall receive a 45-minute meal break. Shift schedules will be prepared approximately four weeks in advance. Examples of 8- and 12-hours shifts are below:

12-hour Shifts:

0645 – 1915 (6:45 am – 7:15 pm)
1845 – 0715 (6:45 pm – 7:15 am)

8-hour Shifts:

0645 – 1515 (6:45 am – 3:15 pm)
1045 – 1915 (10:45 am – 7:15 pm)
2245 – 0715 (11:45 pm – 7:15 am)

3.1.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Professional File (IPF) requirements as specified in Section C.7.3 and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of licensed practical (vocational) nurses authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF EMERGENCY DEPARTMENT LICENSED PRACTICAL (VOCATIONAL) NURSES ARE AS FOLLOWS:

5.2.1. Ensure patient care is carried out in accordance with the Standards of Nursing Care and the policies and procedures of the clinic.

5.2.2. Check patients into the clinic and triage using clinic guidelines. Inform the nurse, physician extender or physician of the patient's condition and potential problems.

5.2.3. Obtain and document patient and pertinent family history.

5.2.4. Perform a full range of diagnostic support duties that include taking vital signs, collecting specimens, obtaining, recording and tracking results of diagnostic tools.

5.2.5. Assist the physician in a variety of diagnostic examinations such as lumbar punctures, colposcopies and sigmoidoscopies, by preparing, positioning and monitoring patients, and setting out and handling instruments and equipment.

5.2.6. Perform laboratory tests such as checking urine for sugar and stool for blood. Record and report results.

5.2.7. Perform a range of treatment procedures that include sterile dressing changes, applying compresses, monitoring IV fluids, inserting catheters and suction, inserting naso-gastric tubes, administering medications, giving enemas, setting up and giving treatment that requires auxiliary equipment such as oxygen and suction. Ambulate patients to other areas to include Radiology, various clinics, and physical therapy.

5.2.8. Prepare patients for tests, examinations, treatments, and/or surgery. Collect specimens such as urine, sputum and stool. Label specimens for laboratory examinations and follow up by using CHCS or calling the laboratory for reports. Alert provider to conditions that deviate from expected findings.

5.2.9. Prepare, start, monitor and discontinue intravenous fluids with accuracy and in accordance with established procedures.

5.2.10. Observe, report and document all observed symptoms, reactions, treatments and changes in the patient condition to the Registered Nurse, physician extender or physician. Make careful observations to assess that nursing procedures and treatment do not cause additional distress.

5.2.11. Perform routine nursing care activities such as taking blood pressures, temperatures, baths and hygiene care, passing and removal of trays, changing of linen, and otherwise assist in the care of the physical needs of the patient.

5.2.12. Operate basic equipment required in delivery of patient care such as pumps, IV pumps, oxygen administration apparatus and incentive spirometers.

5.2.13. Execute physician's orders within the guidelines of standard nursing practice. Ensure accurate medication is administered in correct form and dosage to the proper patient as directed by the physician.

5.2.14. Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.

5.2.15. Administer immunizations in a safe and accurate manner with strict adherence to all NAVHOSP, NAVMED and CDC Immunization policies.

5.2.16. Recognize conditions that require isolation. Ensure universal precautions are used in all patient encounters.

5.2.17. Recognize emergencies and assist with, or institute emergency measures for sudden adverse developments in-patients such as cardiac arrests.

5.2.18. Perform preoperative procedures for minor surgery, and fill out pre-op checklist.

5.2.19. Assist patients in admission, transfer, and perform discharge planning follow-up and documentation.

5.2.20. Support the patient and/or family members toward the achievement of treatment plan goals. Provide instructions to the patient on invasive procedures, surgical procedures and post surgical conditions that were previously provided to the patient by a nurse, physician extender or physician.

5.2.21. Instruct patients on how equipment is used such as oxygen, suction, cardiac monitor and pulse oximeter. Instruct patients and family on use of prescribed medications, contraindications of medications, and the necessity of proper follow-up care.

5.2.22. Provide emotional support to patients and families.

5.2.23. Ensure necessary supplies are available and equipment is in functioning order.

5.2.24. Provide an orderly, clean and safe environment for patients and staff.

5.2.25. Handle telephone information requests with courtesy, accuracy and respect for patient confidentiality. Receive information and distribute messages as necessary.

5.2.26. Ensure maintenance and re-supply of pharmaceuticals in the clinic.

5.2.27. Ensure upkeep, perform checks of emergency equipment (i.e., oxygen, emergency cart, suction apparatus, etc.) and maintain appropriate logs. Inform the Charge Nurse of and discrepancy on daily checks.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR EMERGENCY DEPARTMENT LICENSED PRACTICAL (VOCATIONAL) NURSES REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1. Graduation from an accredited Licensed Practical Nurse or Licensed Vocational Nurse Program.

6.2. A current, unrestricted license to practice as an LVN/LPN in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

6.3. Prior to providing patient care services under this contract, Licensed Practical (Vocational) nurses must attend a 2-hour lecture on IV certification. Contractor nurses must then obtain certifications (e.g., IV, medications and blood administration) in accordance with clinic nursing service and command policy not later than 60 days after commencement of services, including MTF observation of three completed IV sticks.

6.4. One year of full-time experience as a Licensed Practical (Vocational) Nurse within the last three years in an outpatient environment of comparable size and complexity.

6.5. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other letter must be from practicing physicians or senior registered nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 009
LICENSED PRACTICAL (VOCATIONAL) NURSE
INPATIENT/MULTI-SERVICE UNIT

1. LABOR CATEGORY.

1.1. The contractor shall provide 2,088 hours (1.0 FTE) **LICENSED PRACTICAL (VOCATIONAL) NURSE** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide nursing services in support of the Inpatient/Multi-service Unit located at Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. The Inpatient/Multi-service Unit operates 24 hours/day, 7 days/week, 365 days/year (366 days in a leap year). The health care worker shall work six, 12-hour shifts and one, 8-hour shift for a total of 80 hours in a two-week period. The health care worker shall provide services for 5 of the 10 Federally-recognized holidays and shall provides services on Saturdays and Sundays (weekends), not to exceed two weekends in a single calendar month. Health care workers providing services for an 8-hour shift shall receive a 30-minute uncompensated meal break. Health care workers providing services for a 12-hour shift shall receive a 45-minute meal break. Shift schedules will be prepared approximately four weeks in advance. Examples of 8- and 12-hours shifts are below:

12-hour Shifts:

0645 – 1915 (6:45 am – 7:15 pm)
1845 – 0715 (6:45 pm – 7:15 am)

8-hour Shifts:

0645 – 1515 (6:45 am – 3:15 pm)
1045 – 1915 (10:45 am – 7:15 pm)
2245 – 0715 (11:45 pm – 7:15 am)

3.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Professional File (IPF) requirements as specified in Section C.7.3 and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of licensed practical (vocational) nurses authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF INPATIENT/MULTI-SERVICE UNIT LICENSED PRACTICAL (VOCATIONAL) NURSES ARE AS FOLLOWS:

5.2.1. Ensure patient care is carried out in accordance with the Standards of Nursing Care and the policies and procedures of the clinic.

5.2.2. Check patients into the clinic and triage using clinic guidelines. Inform the nurse, physician extender or physician of the patient's condition and potential problems.

5.2.3. Obtain and document patient and pertinent family history.

5.2.4. Perform a full range of diagnostic support duties that include taking vital signs, collecting specimens, obtaining, recording and tracking results of diagnostic tools.

5.2.5. Assist the physician in a variety of diagnostic examinations such as lumbar punctures, colposcopies and sigmoidoscopies, by preparing, positioning and monitoring patients, and setting out and handling instruments and equipment.

5.2.6. Perform laboratory tests such as checking urine for sugar and stool for blood. Record and report results.

5.2.7. Perform a range of treatment procedures that include sterile dressing changes, applying compresses, monitoring IV fluids, inserting catheters and suction, inserting Nassau-gastric tubes, administering medications, giving enemas, setting up and giving treatment that requires auxiliary equipment such as oxygen and suction. Ambulate patients to other areas to include Radiology, various clinics, and physical therapy.

5.2.8. Prepare patients for tests, examinations, treatments, and/or surgery. Collect specimens such as urine, sputum and stool. Label specimens for laboratory examinations and follow up by using CHCS or calling the laboratory for reports. Alert provider to conditions that deviate from expected findings.

5.2.9. Prepare, start, monitor and discontinue intravenous fluids with accuracy and in accordance with established procedures.

5.2.10. Observe, report and document all observed symptoms, reactions, treatments and changes in the patient condition to the Registered Nurse, physician extender or physician. Make careful observations to assess that nursing procedures and treatment do not cause additional distress.

5.2.11. Perform routine nursing care activities such as taking blood pressures, temperatures, baths and hygiene care, passing and removal of trays, changing of linen, and otherwise assist in the care of the physical needs of the patient.

5.2.12. Operate basic equipment required in delivery of patient care such as pumps, IV pumps, oxygen administration apparatus and incentive spirometers.

5.2.13. Execute physician's orders within the guidelines of standard nursing practice. Ensure accurate medication is administered in correct form and dosage to the proper patient as directed by the physician.

5.2.14. Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.

5.2.15. Administer immunizations in a safe and accurate manner with strict adherence to all NAVHOSP, NAVMED and CDC Immunization policies.

5.2.16. Recognize conditions that require isolation. Ensure universal precautions are used in all patient encounters.

5.2.17. Recognize emergencies and assist with, or institute emergency measures for sudden adverse developments in-patients such as cardiac arrests.

5.2.18. Perform preoperative procedures for minor surgery, and fill out pre-op checklist.

5.2.19. Assist patients in admission, transfer, and perform discharge planning follow-up and documentation.

5.2.20. Support the patient and/or family members toward the achievement of treatment plan goals. Provide instructions to the patient on invasive procedures, surgical procedures and post surgical conditions that were previously provided to the patient by a nurse, physician extender or physician.

5.2.21. Instruct patients on how equipment is used such as oxygen, suction, cardiac monitor and pulse oximeter. Instruct patients and family on use of prescribed medications, contraindications of medications, and the necessity of proper follow-up care.

5.2.22. Provide emotional support to patients and families.

5.2.23. Ensure necessary supplies are available and equipment is in functioning order.

5.2.24. Provide an orderly, clean and safe environment for patients and staff.

5.2.25. Handle telephone information requests with courtesy, accuracy and respect for patient confidentiality. Receive information and distribute messages as necessary.

5.2.26. Ensure maintenance and re-supply of pharmaceuticals in the clinic.

5.2.27. Ensure upkeep, perform checks of emergency equipment (i.e., oxygen, emergency cart, suction apparatus, etc.), and maintain appropriate logs. Inform the Charge Nurse of and discrepancy on daily checks.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR INPATIENT/MULTI-SERVICE UNIT LICENSED PRACTICAL (VOCATIONAL) NURSES REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1. Graduation from an accredited Licensed Practical Nurse or Licensed Vocational Nurse Program.

6.2. A current, unrestricted license to practice as an LVN/LPN in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

6.3. Prior to providing patient care services under this contract, Licensed Practical (Vocational) nurses must attend a 2-hour lecture on IV certification. Contractor nurses must then obtain certifications (e.g., IV, medications and blood administration) in accordance with clinic nursing service and command policy not later than 60 days after commencement of services, including MTF observation of three completed IV sticks.

6.4. One year of full-time experience as a Licensed Practical (Vocational) Nurse within the last three years in an inpatient environment of comparable size and complexity.

6.5. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other letter must be from practicing physicians or senior registered nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

**ATTACHMENT 010
MEDICAL ASSISTANT
FAMILY PRACTICE/INTERNAL MEDICINE CLINIC**

1. LABOR CATEGORY.

1.1. The contractor shall provide 4,176 hours (2.0) FTE **MEDICAL ASSISTANT** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide nursing services in support of the Family Practice/Internal Medicine department located at Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. The health care worker shall provide services Monday through Friday, excluding Federal holidays, for an 8.5-hour shift to include an uncompensated 30-minute meal break. In addition, the health care worker shall provide services on Saturdays from 0700 to 1230 hours. Saturday coverage will not exceed 2 Saturdays in a single calendar month. Schedules will be prepared approximately 4 weeks in advance and coverage of services by health care workers shall not exceed 80 hours in a two-week period. Shifts for individual health care workers are as follows:

8-hour Shifts:

0700 – 1530 (7:00 am – 3:30 pm)
1200 – 2030 (12:00 pm – 8:30 pm)
2245 – 0715 (11:45 pm – 7:15 am)

Saturday Coverage:

0700 – 1230 (7:00 am – 12:30 pm)

3.2. The health care workers shall provide coverage of services. There is no provision of individual leave granted in accordance with the terms specified in Section C.4.3 and its subparagraphs of the basic contract.

3.1.3. The health care worker shall not be required to provide services on any of the Federal holidays (see Section C.3.1.3 of the basic contract).

4. QUALIFICATIONS PACKAGES.

4.1. The health care worker shall comply with submission requirements for qualifications packages as specified in Section C.7.4. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of medical assistants authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF MEDICAL ASSISTANTS ARE AS FOLLOWS:

5.2.1. Prepare exam rooms prior to patient's arrival.

5.2.2. Obtain patient's medical record following appropriate procedures.

5.2.3. Check patient's vital signs, to include temperature, respiration, pulse, weight and blood pressure.

- 5.2.4.** Obtain and document patient's current medical history, drug history, chief complaints, allergies and vital signs on the correct Standard Form before patient is in the exam room.
- 5.2.5.** Assist the provider as needed during exams.
- 5.2.6.** Perform diagnostic procedures when ordered, to include EKG's, urine dipsticks, phlebotomy, etc.
- 5.2.7.** Transport patients to other clinical areas as needed.
- 5.2.8.** Check each chart for the provider's signature, stamp, and each patient's diagnosis prior to returning the chart to Health Records.
- 5.2.9.** Administer medication to patients as directed.
- 5.2.10.** Obtain lab and x-ray results.
- 5.2.11.** Maintain exam room stock levels and perform routine maintenance of exam rooms, to include dusting, cleaning wash basins, etc.
- 5.2.12.** Participate in inventory procedures as directed.
- 5.2.13.** Complete lab and x-ray requisitions in accordance with clinic policies.
- 5.2.14.** Enter demographic data into the computer upon patient check-in; enter diagnosis and departing time when patient is released.
- 5.2.15.** Answer telephones and transcribe accurate messages.
- 5.2.16.** Ensure that any broken or unsafe equipment is removed from the clinic in a timely manner and notify appropriate personnel.
- 5.2.17.** Assist with patient flow and give direct patient care as directed.
- 5.2.18.** Operate the following medical equipment, as directed, such as Automatic Blood Pressure Monitor, Hand Held Nebulizer, EKG Machine (12 lead), Electronic Thermometer, IV infusion pump (Set-up only), Typanometer.
- 6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR MEDICAL ASSISTANTS REQUIRED PRIOR TO WORK ASSIGNMENT:**
- 6.1.** High school diploma or GED certificate.
- 6.2.** Completion of a course of education leading to, and possession of, certification as a medical assistant.
- 6.3.** One year of full-time experience as a Medical Assistant within the last three years in an outpatient environment of comparable size and complexity.
- 6.4.** Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other letter must be from practicing physicians or senior registered nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

**ATTACHMENT 011
MEDICAL ASSISTANT
OB-GYN CLINIC**

1. LABOR CATEGORY.

1.1. The contractor shall provide 4,176 hours (2.0 FTE) **MEDICAL ASSISTANT** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker(s) shall provide nursing services in support of the OB-GYN Clinic department located at Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. The health care worker shall provide services Monday through Friday, excluding Federal holidays, for an 8.5-hour shift to include an uncompensated 30-minute meal break. In addition, the health care worker shall provide services on Saturdays from 0700 to 1230 hours. Saturday coverage will not exceed 2 Saturdays in a single calendar month. Schedules will be prepared approximately 4 weeks in advance and coverage of services by health care workers shall not exceed 80 hours in a two-week period. Shifts for individual health care workers are as follows:

8-hour Shifts:

0700 – 1530 (7:00 am – 3:30 pm)
1200 – 2030 (12:00 pm – 8:30 pm)
2245 – 0715 (11:45 pm – 7:15 am)

Saturday Coverage:

0700 – 1230 (7:00 am – 12:30 pm)

3.2. The health care workers shall provide coverage of services. There is no provision of individual leave granted in accordance with the terms specified in Section C.4.3. and its subparagraphs of the basic contract.

3.1.3. The health care worker shall not be required to provide services on any of the Federal holidays (see Section C.3.1.3 of the basic contract).

4. QUALIFICATIONS PACKAGES.

4.1. The health care worker shall comply with submission requirements for qualifications packages as specified in Section C.7.4. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of medical assistants authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF MEDICAL ASSISTANTS ARE AS FOLLOWS:

5.2.1. Prepare exam rooms prior to patient's arrival.

5.2.2. Obtain patient's medical record following appropriate procedures.

5.2.3. Check patient's vital signs, to include temperature, respiration, pulse, weight and blood pressure.

- 5.2.4.** Obtain and document patient's current medical history, drug history, chief complaints, allergies and vital signs on the correct Standard Form before patient is in the exam room.
- 5.2.5.** Assist the provider as needed during exams.
- 5.2.6.** Perform diagnostic procedures when ordered, to include EKG's, urine dipsticks, phlebotomy, etc.
- 5.2.7.** Transport patients to other clinical areas as needed.
- 5.2.8.** Check each chart for the provider's signature, stamp, and each patient's diagnosis prior to returning the chart to Health Records.
- 5.2.9.** Administer medication to patients as directed.
- 5.2.10.** Obtain lab and x-ray results.
- 5.2.11.** Maintain exam room stock levels and perform routine maintenance of exam rooms, to include dusting, cleaning wash basins, etc.
- 5.2.12.** Participate in inventory procedures as directed.
- 5.2.13.** Complete lab and x-ray requisitions in accordance with clinic policies.
- 5.2.14.** Enter demographic data into the computer upon patient check-in; enter diagnosis and departing time when patient is released.
- 5.2.15.** Answer telephones and transcribe accurate messages.
- 5.2.16.** Ensure that any broken or unsafe equipment is removed from the clinic in a timely manner and notify appropriate personnel.
- 5.2.17.** Assist with patient flow and give direct patient care as directed.
- 5.2.18.** Operate the following medical equipment, as directed, such as Automatic Blood Pressure Monitor, Hand Held Nebulizer, EKG Machine (12 lead), Electronic Thermometer, IV infusion pump (Set-up only), Typanometer.
- 6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR MEDICAL ASSISTANTS REQUIRED PRIOR TO WORK ASSIGNMENT:**
- 6.1.** High school diploma or GED certificate.
- 6.2.** Completion of a course of education leading to, and possession of, certification as a medical assistant.
- 6.3.** One year of full-time experience as a Medical Assistant within the last three years in an outpatient environment of comparable size and complexity.
- 6.4.** Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other letter must be from practicing physicians or senior registered nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 012
CARDIAC/TELEMETRY TECHNICIAN (INPATIENT).

1. LABOR CATEGORY.

1.1. The contractor shall provide 5,220 hours (2.5 FTE) **CARDIAC/TELEMETRY TECHNICIAN (INPATIENT)** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide cardiac/telemetry services in support of the Cardiology Department located at Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. The health care worker shall provide services Sunday through Saturday, including Federal holidays, rotating 8.5 hour shifts, to include an uncompensated 30-minute meal break. Schedules will be prepared approximately 4 weeks in advance and health care workers will be scheduled to provide services for any of the below 8-hour shifts, as follows:

8-hour Shifts:

0645 – 1515 (6:45 am – 3:15 pm)
1445 – 2315 (2:45 pm – 11:15 pm)
2245 – 0715 (11:45 pm – 7:15 am)

3.1.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

3.1.3. The health care worker shall rotate coverage on the Federal holidays equitably with other Government staff.

4. QUALIFICATIONS PACKAGES.

4.1. The health care worker shall comply with submission requirements for qualifications packages as specified in Section C.7.4. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of cardiac/telemetry technicians authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF CARDIAC/TELEMETRY TECHNICIANS ARE AS FOLLOWS:

5.2.1. Performs a full range of cardiac/telemetry technician duties to include monitoring heart rhythm patterns of patients to detect abnormal pattern variances, using telemetry equipment.

5.2.2. Attaches electrodes to chest, arms, and legs of patient and moves electrodes along specified area of chest to produce electrocardiogram that records electromotive variations occurring in different areas of the heart muscle.

5.2.3. Reviews patient information to determine normal heart rhythm pattern, current pattern, and prior variances.

5.2.4. Observes screen of cardiac monitor and listens for alarm to identify abnormal variation to initiate examination of patient.

5.2.5. Measures length and height of patient's heart rhythm pattern on graphic tape readout, using calipers, and posts information on patient records.

5.2.5. Answers calls for assistance from patients and inquiries concerning patients from medical staff, using intercom and call director.

5.2.6. Replenishes supply of paper and ink in machine and reports malfunctions.

5.2.7. Edits and forwards final test results to attending physician for analysis and interpretation.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR CARDIAC/TELEMETRY TECHNICIANS REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1.1. Graduation from a training program for cardiac/telemetry technicians from an accredited community college, junior college, or comparable U.S. armed forces training program.

6.1.2. Experience as a Cardiac/Telemetry technician of at least 12 months within the last 24 months in an inpatient environment of comparable size and complexity.

6.1.3. Letters of recommendation from two practicing physicians or supervisor/chief cardiovascular technologists written within the preceding two years attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 013
MEDICAL LABORATORY TECHNICIAN

1. LABOR CATEGORY.

1.1. The contractor shall provide 4,176 hours (2.0 FTE) **MEDICAL LABORATORY TECHNICIAN** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide nursing services in support of the Laboratory department located at Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. The health care workers shall provide services four days per week, Sunday through Saturday, including Federal holidays. Schedules will be prepared approximately 4 weeks in advance and health care workers shall not exceed 80 hours in a two-week period. Shifts for individual health care workers are as follows:

10-hour Shifts (Lab Tech A):

Thursday – Sunday: 2130 – 0800 (9:30 pm – 8:00 am)

10-hour Shifts (Lab Tech B):

Sunday : 0730 – 1800 (7:30 am – 6:00 pm)

Monday – Wednesday: 2130 – 0800 (7:30 pm – 8:00am)

3.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

3.3. The health care worker shall rotate coverage on the Federal holidays equitably with other Government staff.

4. QUALIFICATIONS PACKAGES.

4.1. The health care worker shall comply with submission requirements for qualifications packages as specified in Section C.7.4. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of medical laboratory technicians authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Ancillary Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF MEDICAL LABORATORY TECHNICIANS ARE AS FOLLOWS:

5.2.1. Provide a full range of medical laboratory technician duties to include:

5.2.2. Perform clinical laboratory tests in all areas as described in following sections of the laboratory: hematology, chemistry, urinalysis, serology, microbiology and blood bank.

5.2.3. Calculate test results and measure prescribed quantities of samples during tests.

- 5.2.4.** Notice pertinent details of specimens under microscopic study.
- 5.2.5.** Perform a wide variety of laboratory tests either manually or using automated instrumentation.
- 5.2.6.** Evaluate information against measurable criteria in the performance of laboratory tests. Perform and record Quality Control Procedures as required for all testing performed.
- 5.2.7.** Perform precise and accurate laboratory testing according to established laboratory procedures.
- 5.2.8.** Receive written requisitions from health care providers for routine and special laboratory tests.
- 5.2.9.** Set up and adjust laboratory equipment and apparatus.
- 5.2.10.** Obtain laboratory specimens directly from patients by venipuncture.
- 5.2.11.** All reagents or indicator solutions, and subjects specimens to various laboratory operations according to established procedures.
- 5.2.12.** Prepare slides for microscopic analysis as necessary.
- 5.2.13.** Observe test reactions, changes of color, or formation of precipitates; studies or subjects treated specimens to automatic analyzing equipment to make qualitative and quantitative analysis.
- 5.2.14.** Record test results to flat logs and requests slips and files reports in the Composite Healthcare System (CHCS).
- 5.2.15.** Bring to the attention of the section supervisor any unusual or grossly abnormal test results.
- 5.2.16.** Seek clarification of duties when indicated. Seek and obtain knowledge regarding specialized tests. Specifically, how they are obtained, processed, shipped and how their results are reaching the providers and/or patients.
- 5.2.17.** Channel suggestions, comments and questions to appropriate persons.
- 5.2.18.** Perform light general cleaning of work areas such as collection of trash, autoclaving of specimens, cleaning of bench tops, light dusting, sweeping and mopping.
- 5.2.19.** Phlebotomy Services.
 - 5.2.19.1.** Conduct patient in processing prior to specimen collection, including review of paperwork accompanying patients and cordial guidance and assistance.
 - 5.2.19.2.** Perform proper venipuncture, finger-stick and heel-stick procedures appropriate using techniques.
 - 5.2.19.3.** Adhere to laboratory safety protocols.
 - 5.2.19.4.** Perform phlebotomy-related administrative and clerical procedures of the Front Desk Section of the lab.
 - 5.2.19.5.** Fully document all samples obtained per the laboratory's standard operating procedures.
 - 5.2.19.6.** Interact with other employees and supervisor to provide efficient specimen processing service to patients.
- 5.2.20.** Participate in quality assurance programs such as workload recording and assembly of reports, quality control reports and proficiency testing.

5.2.21. Follows established MTF policies and protocols for reporting findings of examined slides.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR MEDICAL LABORATORY TECHNICIANS REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1.1. Associate's degree in a related field (e.g., biology, chemistry) from a community or junior college or a certificate from a hospital, vocational or technical school accredited in clinical laboratory science by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or the Accrediting Bureau of Health Education Schools (ABHES).

6.1.2. Certification as a Medical Laboratory Technician by the American Society of Clinical Pathologists, Health and Human Services or American Medical Certification, or hold state licensure as a Medical Laboratory Technician from any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. Certification from an Armed Forces (DoD) program is also acceptable. The health care worker is responsible for complying with all applicable licensing regulations.

6.1.3. Experience as a Medical Laboratory Technician of at least 12 continuous months within the preceding 36 months.

6.1.4. Letters of recommendation from two practicing physicians or supervisors/chief laboratory managers written within the preceding two years attesting to the health care worker's clinical and/or professional skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 014
FAMILY PRACTICE PHYSICIAN

1. LABOR CATEGORY.

1.1. The contractor shall provide 2,088 hours (1.0 FTE) **FAMILY PRACTICE PHYSICIAN** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide services in support of the Family Practice Clinic, Naval Hospital Bremerton, WA.

3. DUTY HOURS.

3.1. Regular Duty Schedule: The health care worker shall normally provide services Monday through Friday for either an 8.5- or 9-hour shift (to include either an uncompensated 30-minute or 1-hour meal break, depending on shift length) between 0700 to 1700 hours (7:00am – 5:00pm).

3.1.1. In addition, the health care worker shall also be required to provide services in the outpatient clinic on weeknights from 1700 to 2000 hours (5:00 PM to 8:00 PM) and Saturdays from 0800 to 1200 hours (8:00am – 12:00pm) on a rotational basis with other Navy physicians, approximately every eight weeks, for a one week period. During this rotation, the health care worker shall work Monday through Friday, from 1200 to 2000 hours (12:00pm – 8:00pm), and Saturdays, from 0800 to 1200 hours (8:00am – 12:00pm).

3.2. On-Call Duty.

3.2.1. Labor Deck on-call. The health care worker shall be required to provide on-call services to include covering Labor and Delivery for routine obstetrical services including deliveries. The health care worker shall be physically onboard at the MTF during Labor Deck on-call. The Labor Deck on-call hours are 1645 to 0730 (4:45pm – 7:30 am). The health care worker shall provide Labor Deck on-call not to exceed four times per calendar month.

3.2.2. Other on-call. In addition to the Labor Deck on-call, the health care worker shall also provide other on-call responsibilities to include inpatient care and the supervision of the Family Practice Residency training program. On-call requirements for other than the Labor Deck are “beeper” (telephone) watches, from 0800 to 0800 hours (8:00am – 8:00am), and the health care worker is normally not required to stand beeper watches onboard at the MTF. If the health care worker is required to report in to the MTF, he/she shall arrive at the MTF within 30 minutes of receipt of the telephone call/page via beeper. The health care worker shall provide these on-call services not to exceed three times per calendar month.

3.3. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Credentials File (ICF) requirements as specified in Section C.7.1. and its subparagraphs and C.7.2. of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of family practice physicians authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Clinical Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF FAMILY PRACTICE PHYSICIANS ARE AS FOLLOWS:

5.2.1. Perform a full range of family practice physician services in accordance with granted clinical privileges to include the evaluation, examination, diagnosis, treatment, and preventive care and discharge planning of outpatients and inpatients. Approximately 70% of the health care worker's responsibilities shall include the provision of direct patient care in the outpatient clinic.

5.2.2. NAVHOSP Bremerton participates the Navy's Family Practice Residency Training program. Approximately 30% of the health care worker's responsibilities shall include the provision of direct supervision of Navy Family Practice Residents as a preceptor in the clinic.

5.2.3. Order or execute various tests, analyses, and diagnostic images to provide information on patient's condition.

5.2.4. Analyze reports and findings of tests and examination and diagnoses condition of patient.

5.2.5. Inoculate and vaccinate patients to immunize patients from communicable diseases.

5.2.6. Provide prenatal care to pregnant women, routine deliveries of babies, and provides postnatal care to mothers and infants.

5.2.7. Participate in the provision of on-call services to include labor deck, inpatient (e.g., admitting, covering patients on the medical/pediatrics ward, nursery, intensive care unit and labor and delivery, and conducting rounds), and supervision of the Family Practice Residency training program.

5.2.8. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

5.2.9. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR FAMILY PRACTICE PHYSICIANS REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1.1. A Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).

6.2. Graduation from a residency training program in Family Practice approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.

6.3. Board certification in Family Practice.

6.4. A current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

6.5. Current Drug Enforcement Agency certification (DEA number).

6.6. A minimum of 12 months experience within the preceding 36 months as a Family Practice physician in a setting of similar size and complexity.

6.7. Possess current certification in the following: Advanced Cardiac Life Support (ACLS); Pediatric Advanced Life Support (PALS); and Neonatal Resuscitation Program (NRP); or--, obtain ACLS, PALS, and NRP certification within 90 days of commencement of services.

6.8. Two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor. The other two letters must be from either clinic or hospital administrators, or practicing physicians. Reference letters shall attest to the health care workers communication skills and ability to relate to patients as well as professional and other interpersonal skills among staff members and must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 015
FAMILY PRACTICE PHYSICIAN

1. LABOR CATEGORY.

1.1. The contractor shall provide 20,880 hours (10.0 FTE) **FAMILY PRACTICE PHYSICIAN** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide services in support of the Naval Medical Center San Diego and its branch medical clinics.

3. DUTY HOURS.

3.1. The health care worker shall provide services Monday through Friday, from 0800 to 1630 hours (8:00AM to 4:30PM) and shall receive an uncompensated 30-minute meal break.

3.1.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

3.1.3. The health care worker shall not be required to provide services on any Federal holidays (See Section C.3.1.3 of the basic contract) and shall be reimbursed for those holidays.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Credentials File (ICF) requirements as specified in Section C.7.2. and its subparagraphs of the basic contract.

4.2. For purposes of meeting the 30-day credentials package submission requirement for individual Task Orders, prime source verification shall be completed in accordance both BUMEDINST 6320.66B and local MTF/DTF processes and policies. All telephonic prime source verifications shall be followed up by a letter to the agency that was contacted by telephone. The Contractor shall document all telephonic prime source verifications in writing, including the person who requested the verification within the Contractor's organization; the agency, person and position of the verifying entity and, the date of verification. In the event the 30-day submission requirement is threatened by the lack of receipt of written verification from the verifying entity AND the credentials package is otherwise complete, the contractor shall submit the package to the MTF/DTF, COR, or as otherwise instructed in the contract. All telephone verifications shall be accompanied by a copy of the outgoing letter to the primary issuing agency requesting written verification.

4.2.1. Upon receipt of written verification from the verifying entity by the Contractor, the issuing agency's original letterhead verification response shall be provided to the MTF/DTF, COR, or as otherwise instructed in the contract.

4.2.2. Nothing within this process relieves the Contractor from the requirement to submit a complete credentials package as defined by the contract, BUMEDINST 6320.66B and/or local MTF/DTF policies. Contractors are strongly encouraged to develop direct, constructive relationships with the Professional Affairs Coordinators and their staffs at the MTFs/DTFs under contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of family practice physicians authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Clinical Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF FAMILY PRACTICE PHYSICIANS ARE AS FOLLOWS:

5.2.1. Perform a full range of family practice physician services in accordance with granted clinical privileges to include the evaluation, examination, diagnosis, treatment, and preventive care and discharge planning of outpatients and inpatients.

5.2.2. Order or execute various tests, analyses, and diagnostic images to provide information on patient's condition.

5.2.3. Analyze reports and findings of tests and examination and diagnoses condition of patient.

5.2.4. Inoculate and vaccinate patients to immunize patients from communicable diseases.

5.2.5. Provide prenatal care to pregnant women, routine deliveries of babies, and provides postnatal care to mothers and infants.

5.2.6. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

5.2.7. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR FAMILY PRACTICE PHYSICIANS REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1.1. A Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).

6.2. Graduation from a residency training program in Family Practice approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.

6.3. Board certification in Family Practice.

6.4. A current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

6.5. Current Drug Enforcement Agency certification (DEA number).

6.6. A minimum of 12 months experience within the preceding 36 months as a Family Practice physician in a setting of similar size and complexity.

6.7. Possess current Advanced Cardiac Life Support (ACLS) certification.

6.8. Possess current Pediatric Advanced Life Support (PALS) certification.

6.9. Two letters of recommendation written within the last two years attesting to their clinical skills. A minimum of one of the letters must be from a physician supervisor. The other letter must be from either clinic or hospital administrators, or practicing physicians. Reference letters shall attest to the health care workers communication skills and ability to relate to patients as well as professional and other interpersonal skills among staff members and must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 016
RESERVED

ATTACHMENT 017
FAMILY PRACTICE PHYSICIAN

1. LABOR CATEGORY.

1.1. The contractor shall provide 6,000 hours (2.88 FTE) **FAMILY PRACTICE PHYSICIAN** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker(s) shall provide services in support of the Naval Hospital or Area Branch Medical Clinics, located at Camp Pendleton, CA.

3. DUTY HOURS.

3.1. The health care worker shall provide services as follows:

Acute Care Clinic (1.0 FTE Family Practice Physician)

Saturdays, Sundays, and Holidays: 0700 to 2300 hours (7:00 AM to 11:00 PM)

Area Branch Medical Clinics (2.0 FTE Family Practice Physician)

Monday – Friday: 0730 to 1600 hours (7:30AM to 4:00PM), EXCLUDING Federal holidays

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Credentials File (ICF) requirements as specified in Section C.7.2. and its subparagraphs of the basic contract.

4.2. For purposes of meeting the 30-day credentials package submission requirement for individual Task Orders, prime source verification shall be completed in accordance both BUMEDINST 6320.66B and local MTF/DTF processes and policies. All telephonic prime source verifications shall be followed up by a letter to the agency that was contacted by telephone. The Contractor shall document all telephonic prime source verifications in writing, including the person who requested the verification within the Contractor's organization; the agency, person and position of the verifying entity and, the date of verification. In the event the 30-day submission requirement is threatened by the lack of receipt of written verification from the verifying entity AND the credentials package is otherwise complete, the contractor shall submit the package to the MTF/DTF, COR, or as otherwise instructed in the contract. All telephone verifications shall be accompanied by a copy of the outgoing letter to the primary issuing agency requesting written verification.

4.2.1. Upon receipt of written verification from the verifying entity by the Contractor, the issuing agency's original letterhead verification response shall be provided to the MTF/DTF, COR, or as otherwise instructed in the contract.

4.2.2. Nothing within this process relieves the Contractor from the requirement to submit a complete credentials package as defined by the contract, BUMEDINST 6320.66B and/or local MTF/DTF policies. Contractors are strongly encouraged to develop direct, constructive relationships with the Professional Affairs Coordinators and their staffs at the MTFs/DTFs under contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of family practice physicians authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Clinical Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF FAMILY PRACTICE PHYSICIANS ARE AS FOLLOWS:

5.2.1. Perform a full range of family practice physician services in accordance with granted clinical privileges to include the evaluation, examination, diagnosis, treatment, and preventive care and discharge planning of outpatients and inpatients, for all age ranges of patients (e.g., newborn, pediatric, adolescent, adult, and geriatric).

5.2.2. Order or execute various tests, analyses, and diagnostic images to provide information on patient's condition.

5.2.3. Analyze reports and findings of tests and examination and diagnoses condition of patient.

5.2.4. Inoculate and vaccinate patients to immunize patients from communicable diseases.

5.2.5. Provide prenatal care to pregnant women, routine deliveries of babies, and provides postnatal care to mothers and infants.

5.2.6. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

5.2.7. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR FAMILY PRACTICE PHYSICIANS REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1.1. A Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).

6.2. Graduation from a residency training program in Family Practice or Internal Medicine approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.

6.3. Board certification in Family Practice or Internal Medicine.

6.4. A current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

6.5. Current Drug Enforcement Agency certification (DEA number).

6.6. A minimum of 12 months experience within the preceding 36 months as a Family Practice physician or Internist in a setting of similar size and complexity. Internists shall be competent to treat both pediatric and adult patients.

6.7. Possess current Advanced Cardiac Life Support (ACLS) certification.

6.8. Possess current Pediatric Advanced Life Support (PALS) certification.

6.9. Two letters of recommendation written within the last two years attesting to their clinical skills. A minimum of one of the letters must be from a physician supervisor. The other letter must be from either clinic or hospital administrators, or practicing physicians. Reference letters shall attest to the health care workers communication skills and ability to relate to patients as well as professional and other interpersonal skills among staff members and must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 018
FAMILY NURSE PRACTITIONER

1. LABOR CATEGORY.

1.1. The contractor shall provide 3,912 hours (1.88 FTE) **FAMILY NURSE PRACTITIONER** services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker(s) shall provide services in support of the Naval Hospital or Area Branch Medical Clinics, located at Camp Pendleton, CA.

3. DUTY HOURS.

3.1. The health care worker shall provide services as follows:

NAVHOSP Camp Pendleton Acute Care Clinic

Saturdays, Sundays, and Holidays: 0700 to 2300 hours (7:00 AM to 11:00 PM)

NAVHOSP Camp Pendleton Area Branch Medical Clinics

Monday – Friday: 0730 to 1600 hours (7:30AM to 4:00PM), excluding Federal holidays

3.1.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Credentials File (ICF) requirements as specified in Section C.7.1. and its subparagraphs and C.7.2. of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of family practice physicians authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Clinical Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF NURSE PRACTITIONERS ARE AS FOLLOWS:

5.2.1. Provide a full range of Nurse Practitioner services in accordance with privileges granted by the Commanding Officer (e.g., supervise and provide general screening and medical care and examinations of patients for routine, acute and chronic conditions involving any and all organ systems; provide immunizations; diagnose, treat, and counsel patients as indicated).

5.2.2. Treat patients with common acute conditions, illnesses, or minor trauma within accepted protocols, Nurse Practice Acts, and/or in collaboration with a physician.

5.2.3. Collaborate with the physician in the health care of patients with chronic illnesses.

5.2.4. Request consultation or referral with appropriate physicians, clinics, or other health resources as indicated.

5.2.5. Order diagnostic tests as applicable.

5.2.6. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

5.2.7. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

**6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR NURSE PRACTITIONERS
REQUIRED PRIOR TO WORK ASSIGNMENT:**

6.1. Graduate of a Masters of Nursing program accredited by the National League for Nursing Accrediting Commission (NLNAC).

6.2. Possess and maintain a valid unrestricted license to practice as a Registered Nurse in any 1 of the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands. The health care worker is responsible for complying with all applicable licensing regulations.

6.3. Possess certification as a Nurse Practitioner as determined by the American Nurses Credentialing Center (ANCC) or the American Association of Nurse Practitioners (AANP).

6.4. Possess a minimum of 1 year experience within the preceding 3 years.

6.5. Current Drug Enforcement Agency certification (DEA number).

6.6. Possess current Advanced Cardiac Life Support (ACLS) certification.

6.7. Two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor. The other two letters must be from either clinic or hospital administrators, or practicing physicians. Reference letters shall attest to the health care workers communication skills and ability to relate to patients as well as professional and other interpersonal skills among staff members and must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 019
REGISTERED NURSE (Acute Care Clinic)

1. LABOR CATEGORY.

1.1. The contractor shall provide 1,824 hours (.88 FTE) **REGISTERED NURSE (Acute Care Clinic)** services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide services in support of the Acute Care Clinic located at Naval Hospital Camp Pendleton, CA.

3. DUTY HOURS.

3.1. The health care worker shall provide services from 0700 to 2300 hours (7:00AM to 11:00PM) on Saturdays, Sundays, and holidays.

3.1.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Professional File (IPF) requirements as specified in Section C.7.1. and its subparagraphs and C.7.3. of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of registered nurses authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF REGISTERED NURSES ARE AS FOLLOWS:

5.2.1. Provides a full range of professional nursing duties including, but not limited to, triage; patient assessment and monitoring; use of patient monitoring and treatment equipment; appropriate nursing care; procedures, and treatments; execution of physicians' orders with the guidelines of standard nursing practice; documentation of patient care and observations; and patient education and emotional support.

5.2.2. Provide professional nursing care in a knowledgeable, skillful, consistent, and continuous manner.

5.2.3. Coordinate patient/staff education (e.g., intravenous (IV) certifications, infection control, updating clinical manuals, in-service training, patient after-care education, etc.)

5.2.4. Assist in quality assurance and quality improvement program.

5.2.5. Assist or act as Patient Contact Representative.

5.2.6. Formulate and carry out a goal directed plan of care which based on determined nursing diagnosis and patient outcome and which is prioritized according to patient needs and available resources including time, personnel, equipment, and supplies.

5.2.7. Provide physical, nutritional, and psychological support to patients as may be required.

5.2.8. Perform assessment/data collection in an ongoing and systematic manner, focusing on physiological, psychological, and cognitive skills.

5.2.9. Provide a safe, clean environment for each patient.

5.2.10. Ensure areas are stocked and properly equipped.

5.2.11. Identify patient's/significant other's other learning needs and implement appropriate measures to meet identified needs.

5.2.12. Assist in planning, supervising, and instructing licensed practical/licensed vocational nurses (LPNs/LVNs), nursing assistants, and other clinical support personnel as appropriate.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR REGISTERED NURSES REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1. Graduation from an accredited school of nursing or possess either a, (1) Baccalaureate degree in Nursing; or (2) Associate degree in Nursing from an accredited college or university.

6.2. A current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the fifty states must provide proof of having successfully passed the National Council Licensure Exam (NCLEX).

6.3. One year of full-time experience as a Registered Nurse within the last three years in an outpatient environment of comparable size and complexity.

6.4. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other two letters must be from practicing physicians or senior registered nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 020
LICENSED PRACTICAL (VOCATIONAL) NURSE

1. LABOR CATEGORY.

1.1. The contractor shall provide 3,648 hours (1.75 FTE) **LICENSED PRACTICAL (VOCATIONAL) NURSE** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide services in support of the Acute Care Clinic located at Naval Hospital Camp Pendleton, CA.

3. DUTY HOURS.

3.1. The health care worker shall provide services from 0700 to 2300 hours (7:00AM to 11:00PM) on Saturdays, Sundays, and holidays.

3.1.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Professional File (IPF) requirements as specified in Section C.7.1. and its subparagraphs and C.7.3. of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of licensed practical (vocational) nurses authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF LICENSED PRACTICAL (VOCATIONAL) NURSES ARE AS FOLLOWS:

5.2.1. Ensure patient care is carried out in accordance with the Standards of Nursing Care and the policies and procedures of the clinic.

5.2.2. Check patients into the clinic and triage using clinic guidelines. Inform the nurse, physician extender or physician of the patient's condition and potential problems.

5.2.3. Obtain and document patient and pertinent family history.

5.2.4. Perform a full range of diagnostic support duties which include taking vital signs, collecting specimens, obtaining, recording and tracking results of diagnostic tools.

5.2.5. Assist the physician in a variety of diagnostic examinations such as lumbar punctures, colposcopies and sigmoidoscopies, by preparing, positioning and monitoring patients, and setting out and handling instruments and equipment.

5.2.6. Perform laboratory tests such as checking urine for sugar and stool for blood. Record and report results.

5.2.7. Perform a range of treatment procedures that include sterile dressing changes, applying compresses, monitoring IV fluids, inserting catheters and suction, inserting nasogastric tubes, administering medications, giving enemas, setting up and giving treatment that requires auxiliary equipment such as oxygen and suction. Ambulate patients to other areas to include Radiology, various clinics, and physical therapy.

5.2.8. Prepare patients for tests, examinations, treatments, and/or surgery. Collect specimens such as urine, sputum and stool. Label specimens for laboratory examinations and follow up by using CHCS or calling the laboratory for reports. Alert provider to conditions which deviate from expected findings.

5.2.9. Prepare, start, monitor and discontinue intravenous fluids with accuracy and in accordance with established procedures.

5.2.10. Observe, report and document all observed symptoms, reactions, treatments and changes in the patient condition to the Registered Nurse, physician extender or physician. Make careful observations to assess that nursing procedures and treatment do not cause additional distress.

5.2.11. Perform routine nursing care activities such as taking blood pressures, temperatures, baths and hygiene care, passing and removal of trays, changing of linen, and otherwise assist in the care of the physical needs of the patient.

5.2.12. Operate basic equipment required in delivery of patient care such as pumps, IV pumps, oxygen administration apparatus and incentive spirometers.

5.2.13. Execute physician's orders within the guidelines of standard nursing practice. Ensure accurate medication is administered in correct form and dosage to the proper patient as directed by the physician.

5.2.14. Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.

5.2.15. Administer immunizations in a safe and accurate manner with strict adherence to all NAVHOSP, NAVMED and CDC Immunization policies.

5.2.16. Recognize conditions which require isolation. Ensure universal precautions are used in all patient encounters.

5.2.17. Recognize emergency situations and assist with, or institute emergency measures for sudden adverse developments in patients such as cardiac arrests.

5.2.18. Perform preoperative procedures for minor surgery, and fill out pre-op checklist.

5.2.19. Assist patients in admission, transfer, and perform discharge planning follow-up and documentation.

5.2.20. Support the patient and/or family members toward the achievement of treatment plan goals. Provide instructions to the patient on invasive procedures, surgical procedures and post surgical conditions which were previously provided to the patient by a nurse, physician extender or physician.

5.2.21. Instruct patients on how equipment is used such as oxygen, suction, cardiac monitor and pulse oximeter. Instruct patients and family on use of prescribed medications, contraindications of medications, and the necessity of proper follow-up care.

5.2.22. Provide emotional support to patients and families.

5.2.23. Ensure necessary supplies are available and equipment is in functioning order.

5.2.24. Provide an orderly, clean and safe environment for patients and staff.

5.2.25. Handle telephone information requests with courtesy, accuracy and respect for patient confidentiality. Receive information and distribute messages as necessary.

5.2.26. Ensure maintenance and resupply of pharmaceuticals in the clinic.

5.2.27. Ensure upkeep and perform checks of emergency equipment i.e., oxygen, emergency cart, suction apparatus, etc. and maintain appropriate logs. Inform the Charge Nurse of and discrepancy on daily checks.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR LICENSED PRACTICAL (VOCATIONAL) NURSES (LPNs/LVNs) REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1. Graduation from an accredited Licensed Practical Nurse or Licensed Vocational Nurse Program.

6.2. A current, unrestricted license to practice as an LVN/LPN in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

6.3. Prior to commencing service under this contract, Licensed Practical (Vocational) nurses must attend a 2-hour lecture on IV certification. Contractor nurses must then obtain certifications (e.g., IV, medications and blood administration) in accordance with clinic nursing service and command policy not later than 60 days after commencement of services, including MTF observation of three completed IV sticks.

6.4. One year of full-time experience as a Licensed Practical (Vocational) Nurse within the last three years in an outpatient environment of comparable size and complexity.

6.5. Provide two letters of recommendation written within the last three years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other two letters must be from practicing physicians or senior registered nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

**ATTACHMENT 021
PHARMACY TECHNICIAN**

1. LABOR CATEGORY.

1.1. The contractor shall provide 2,088 hours (1.0 FTE) **PHARMACY TECHNICIAN** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide pharmacy technician services in support of the Naval Hospital Camp Pendleton, CA.

3. DUTY HOURS.

3.1. The health care worker shall provide services for an 8.5-hour shift from 1445 to 2315 hours (2:45 PM to 11:15 PM) Monday through Friday. The health care worker shall receive an uncompensated 30-minute meal break.

3.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

3.1.3. The health care worker shall not be required to provide services on any Federal holidays (see Section C.3.1.3. of the basic contract).

4. QUALIFICATIONS PACKAGES.

4.1. The health care worker shall comply with submission requirements for qualifications packages as specified in Section C.7.4. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of pharmacy technicians authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Ancillary Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF PHARMACY TECHNICIANS ARE AS FOLLOWS:

5.2.1. Provide a full range of pharmacy technician duties to include:

5.2.2. Pharmaceutical dispensing, processing of outpatient prescriptions, refilling prescriptions, processing inpatient unit dose orders and intravenous admixtures, including parenteral nutrition and chemotherapy, preparing ward and clinic bulk orders, and entering orders into databases.

5.2.3. Serving as drug information consultations, supporting new and refill prescriptions, supporting patient requests, supporting physicians requests, monitoring for drug interactions/allergies, and reporting adverse drug reactions (ADRs).

5.2.4. Participate in quality improvement as appropriate to include: performing drug storage inspections (Wards/ Clinics), review expired supplies, and produce error and workload reports and documentation.

5.2.5. Demonstrate knowledge of pharmaceutical supply process, to include: placing new orders, stocking/restocking shelves, and performing inventory maintenance.

5.2.6. Participate in departmental and general administrative meetings and training as appropriate, e.g., administrative service board and committee attendance and pharmacy staff meetings.

5.2.7. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, and students) assigned to them during the performance of clinical procedures.

5.2.8. Perform necessary administrative duties which include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.

5.2.9. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

5.2.10. Attend required Command training and up-dates: family advocacy, disaster training, Sexual Harassment, and other courses as directed.

5.2.11. Participate in the implementation of the Family Advocacy Program as directed.

5.2.12. Perform necessary administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR PHARMACY TECHNICIANS REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1.1. Either (1) a graduate of a pharmacy technician program accredited by the American Society of Health System Pharmacists (ASHP) such as the Pharmacy Technician Certification Board; or (2) have successfully completed a formal (e.g., military, technical or hospital based program) pharmacy technician training program; or (3) three years as pharmacy technician.

6.1.2. Experience as a pharmacy technician of at least 12 continuous months within the preceding 24 months.

6.1.3. Possess a working knowledge of pharmacy computer systems (e.g., DoD's CHCS Computer System).

6.1.4. Letters of recommendation from two practicing physicians or supervisor/chief laboratory manager written within the preceding two years attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 022
MEDICAL LABORATORY TECHNICIAN

1. LABOR CATEGORY.

1.1. The contractor shall provide 2,088 hours (1.0 FTE) **MEDICAL LABORATORY TECHNICIAN** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide medical laboratory technician services in support of the Naval Hospital Camp Pendleton, CA.

3. DUTY HOURS.

3.1. The health care worker shall provide services for an 8.5-hour shift from 1445 to 2315 hours (2:45 PM to 11:15 PM) Monday through Friday. The health care worker shall receive an uncompensated 30-minute meal break.

3.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

3.1.3. The health care worker shall not be required to provide services on any Federal holidays (see Section C.3.1.3. of the basic contract).

4. QUALIFICATIONS PACKAGES.

4.1. The health care worker shall comply with submission requirements for qualifications packages as specified in Section C.7.4. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of medical laboratory technicians authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Ancillary Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF MEDICAL LABORATORY TECHNICIANS ARE AS FOLLOWS:

5.2.1. Provide a full range of medical laboratory technician duties to include:

5.2.2. Perform clinical laboratory tests in all areas as described in following sections of the laboratory: hematology, chemistry, urinalysis, serology, microbiology and blood bank.

5.2.3. Calculate test results and measure prescribed quantities of samples during tests.

5.2.4. Notice pertinent details of specimens under microscopic study.

5.2.5. Perform a wide variety of laboratory tests either manually or using automated instrumentation.

5.2.6. Evaluate information against measurable criteria in the performance of laboratory tests. Perform and record Quality Control Procedures as required for all testing performed.

5.2.7. Perform precise and accurate laboratory testing according to established laboratory procedures.

5.2.8. Receive written requisitions from health care providers for routine and special laboratory tests.

5.2.9. Set up and adjust laboratory equipment and apparatus.

- 5.2.10.** Obtain laboratory specimens directly from patients by venipuncture.
- 5.2.11.** All reagents or indicator solutions, and subjects specimens to various laboratory operations according to established procedures.
- 5.2.12.** Prepare slides for microscopic analysis as necessary.
- 5.2.13.** Observe test reactions, changes of color, or formation of precipitates; studies or subjects treated specimens to automatic analyzing equipment to make qualitative and quantitative analysis.
- 5.2.14.** Record test results to flat logs and requests slips and files reports in the Composite Healthcare System (CHCS).
- 5.2.15.** Bring to the attention of the section supervisor any unusual or grossly abnormal test results.
- 5.2.16.** Seek clarification of duties when indicated. Seek and obtain knowledge regarding specialized tests. Specifically, how they are obtained, processed, shipped and how their results are reaching the providers and/or patients.
- 5.2.17.** Channel suggestions, comments and questions to appropriate persons.
- 5.2.18.** Perform light general cleaning of work areas such as collection of trash, autoclaving of specimens, cleaning of bench tops, light dusting, sweeping and mopping.
- 5.2.19.** Phlebotomy Services.
- 5.2.19.1.** Conduct patient in-processing prior to specimen collection, including review of paperwork accompanying patients and cordial guidance and assistance.
- 5.2.19.2.** Perform proper venipuncture, finger-stick and heel-stick procedures appropriate using techniques.
- 5.2.19.3.** Adhere to laboratory safety protocols.
- 5.2.19.4.** Perform phlebotomy-related administrative and clerical procedures of the Front Desk Section of the lab.
- 5.2.19.5.** Fully document all samples obtained per the laboratory's standard operating procedures.
- 5.2.19.6.** Interact with other employees and supervisor to provide efficient specimen processing service to patients.
- 5.2.20.** Participate in quality assurance programs such as workload recording and assembly of reports, quality control reports and proficiency testing.
- 5.2.21.** Follows established MTF policies and protocols for reporting findings of examined slides.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR MEDICAL LABORATORY TECHNICIANS REQUIRED PRIOR TO WORK ASSIGNMENT:

- 6.1.1.** Associate's degree in a related field (e.g., biology, chemistry) from a community or junior college or a certificate from a hospital, vocational or technical school accredited in clinical laboratory science by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or the Accrediting Bureau of Health Education Schools (ABHES).
- 6.1.2.** Certification as a Medical Laboratory Technician by the American Society of Clinical Pathologists, Health and Human Services or American Medical Certification, or hold state licensure as a Medical Laboratory Technician from any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. Certification from an Armed Forces (DoD) program is also acceptable. The health care worker is responsible for complying with all applicable licensing regulations.
- 6.1.3.** Experience as a Medical Laboratory Technician of at least 12 continuous months within the preceding 24 months.

6.1.4. Letters of recommendation from two practicing physicians or supervisor/chief laboratory manager written within the preceding two years attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 023
RADIOLOGY TECHNICIAN

1. LABOR CATEGORY.

1.1. The contractor shall provide 2,088 hours (1.0 FTE) **RADIOLOGY TECHNICIAN** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide radiology technician services in support of the Naval Hospital Camp Pendleton CA.

3. DUTY HOURS.

3.1. The health care worker shall provide services for an 8.5-hour shift from 1445 to 2315 hours (2:45 PM to 11:15 PM) Monday through Friday. The health care worker shall receive an uncompensated 30-minute meal break.

3.2. The health care worker shall accrue leave in accordance with the terms specified in Section C of the basic contract.

3.1.3. The health care worker shall not be required to provide services on any Federal holidays (see Section C.3.1.3. of the basic contract).

4. QUALIFICATIONS PACKAGES.

4.1. The health care worker shall comply with submission requirements for qualifications packages as specified in Section C.7.4. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of radiologic technologist authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Ancillary Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF RADIOLOGY TECHNICIANS ARE AS FOLLOWS:

5.2.1. Perform a full range of radiology technician duties to include:

5.2.2. Perform unscheduled radiological procedures as declared by the requesting physician (no matter what the indication) within one hour.

5.2.3. Operate or direct operations of radiological equipment provided for routine radiographic examinations.

5.2.4. Arrange, attach, or adjust immobilization and support devices, (e.g., sandbags, binders, etc.) to obtain precise positions, prevent patient from moving and lessen discomfort.

5.2.5. Determine proper voltage and current, desired exposure time, and set equipment.

5.2.6. Receive and position patient so the anatomy/pathology is correctly visualized on the radiograph.

5.2.7. Prepare the patient and adjust equipment for taking x-rays. Position and instruct patient regarding procedures. Administer contrast medium when ordered.

5.2.8. Explain procedure to the patient and provide humane and appropriate care and communication to alleviate the patient fear of examination and correctly position the patient for examination.

5.2.9. Adhere to radiation safety policies and procedures in accordance with the standard operating procedures (SOP) of the department.

5.2.10. Process films and prepare them for reading by radiologists.

5.2.11. Document all procedures and maintain records in accordance with the SOP manual for the department.

5.2.12. Assist in coordinating schedules, daily logs, and data submission for monthly reports.

5.2.13. Perform limited administrative duties associated with the maintenance of records for a hospital-based radiation safety program.

5.2.14. Research, develop, and formulate new techniques for routine diagnostic procedures as required for performing emergent types of examinations.

5.2.15. Perform correct film identification, ensuring that the patient's name, date of examination, and anatomical positioning markers are provided.

5.2.16. Observe and report any symptoms which have a direct bearing on the patient's condition as a result of adverse reaction to contrast media and inform the radiologist of any condition requiring his/her attention.

5.2.17. Recognize the need for and institute the necessary emergency measures for situations where a person requires resuscitation procedures due to cardiac or respiratory arrest.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR RADIOLOGY TECHNICIANS REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1.1. Graduation from a program for radiology technicians accredited by either the American Society of Radiologic Technologists (ASRT) or a certificate of completion from an American Medical Association (AMA)-approved training program for Diagnostic Radiology Technicians.

6.1.2. Current certification by the American Registry of Radiologic Technologists (ARRT) as a "Registered" Diagnostic Radiology Technician (designated as RT (R)).

6.1.3. Experience as a Radiology Technician of at least 12 continuous months within the preceding 24 months in an environment of comparable size and complexity.

6.1.4. Letters of recommendation from two practicing radiologists, physicians, or lead radiology supervisor/chief technician written within the preceding two years attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference shall have been written within the preceding two years.

ATTACHMENT 024
REGISTERED NURSE (AMBULATORY TRIAGE)

1. LABOR CATEGORY.

1.1. The contractor shall provide 8,770 hours (4.2 FTE) **REGISTERED NURSES (AMBULATORY TRIAGE)** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker shall provide services in support of the Emergency Department/Ambulatory Care Clinic (ER/ACC) at Naval Hospital Camp Pendleton and its branch medical clinics.

3. DUTY HOURS.

3.1. The health care worker shall provide services Monday through Friday, EXCLUDING Federal holidays, from 0800 to 1630 hours (8:00AM to 4:30PM) and shall receive an uncompensated 30-minute meal break.

3.1.2. The health care worker shall accrue leave in accordance with the terms specified in Section C.4.2. and its subparagraphs of the basic contract.

3.1.3. The health care worker shall not be required to provide services on any Federal holidays (See Section C.3.1.3 of the basic contract) and shall be reimbursed for those holidays.

4. CREDENTIALING REQUIREMENTS.

4.1. The health care worker shall comply with submission requirements for credentials documentation and Individual Professional File (IPF) requirements as specified in Section C.7.3. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of registered nurses authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF REGISTERED NURSE (AMBULATORY TRIAGE) ARE AS FOLLOWS:

5.2.1. Provides a full range of professional nursing care and duties in a knowledgeable, skillful, consistent, and continuous manner to include provision of triage and patient assessment and monitoring; use of patient monitoring and treatment equipment; appropriate nursing care; procedures, and treatments; execution of physicians' orders with the guidelines of standard nursing practice; documentation of patient care and observations; and patient education and emotional support.

5.2.2. Coordinate patient/staff education (e.g., intravenous (IV) certifications, infection control, updating clinical manuals, in-service training, patient after-care education, etc.)

5.2.4. Assist in quality assurance and quality improvement program.

5.2.5. Assist or act as Patient Contact Representative.

5.2.6. Formulate and carry out a goal directed plan of care which based on determined nursing diagnosis and patient outcome and which is prioritized according to patient needs and available resources including time, personnel, equipment, and supplies.

5.2.7. Provide physical, nutritional, and psychological support to patients as may be required.

5.2.8. Perform assessment/data collection in an ongoing and systematic manner, focusing on physiological, psychological, and cognitive skills.

5.2.9. Provide a safe, clean environment for each patient.

5.2.10. Ensure areas are stocked and properly equipped.

5.2.11. Identify patient's/significant other's other learning needs and implement appropriate measures to meet identified needs.

5.2.12. Assist in planning, supervising, and instructing licensed practical/licensed vocational nurses (LPNs/LVNs), nursing assistants, and other clinical support personnel as appropriate.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR REGISTERED NURSE (AMBULATORY TRIAGE) REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1. Graduation from an accredited school of nursing or possess either a, (1) Baccalaureate degree in Nursing; or (2) Associate degree in Nursing from an accredited college or university.

6.2. A current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the fifty states must provide proof of having successfully passed the National Council Licensure Exam (NCLEX).

6.3. One year of full-time experience as a Registered Nurse within the last three years in an outpatient environment of comparable size and complexity.

6.4. Possess current Advanced Cardiac Life Support (ACLS) certification.

6.5. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other letter must be from practicing physicians or senior registered nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

**ATTACHMENT 025
MEDICAL ASSISTANT**

1. LABOR CATEGORY.

1.1. The contractor shall provide 21,715 hours (10.4 FTE) **MEDICAL ASSISTANT** Services.

2. PLACE OF PERFORMANCE.

2.1. The health care worker(s) shall provide services in support of the Naval Hospital or Area Branch Medical Clinics, located at Camp Pendleton, CA.

3. DUTY HOURS.

3.1. The health care worker shall provide services as follows:

Triage Desk and Acute Care Clinic

Saturdays, Sundays, and Holidays: 0700 to 2300 hours (7:00 AM to 11:00 PM)

Area Branch Medical Clinics (2.0 FTE Medical Assistants)

Monday – Friday: 0730 to 1600 hours (7:30AM to 4:00PM), **excluding** Federal holidays

3.2. The health care workers shall provide coverage of services. There is no provision of individual leave granted in accordance with the terms specified in Section C.4.3. and its subparagraphs of the basic contract.

3.1.3. The health care worker shall not be required to provide services on any Federal holidays (see Section C.3.1.3. of the basic contract).

4. QUALIFICATIONS PACKAGES.

4.1. The health care worker shall comply with submission requirements for qualifications packages as specified in Section C.7.4. and its subparagraphs of the basic contract.

5. GENERAL DUTIES/RESPONSIBILITIES.

5.1.1 Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of medical assistants authorized the same scope of services.

5.1.2. The health care workers providing services under this contract shall be rendering personal services and are subject to supervision by MTF personnel. First line supervision is by the Director of Nursing Services, or his/her designated representative.

5.2. SPECIFIC DUTIES/RESPONSIBILITIES OF MEDICAL ASSISTANTS ARE AS FOLLOWS:

5.2.1. Prepare exam rooms prior to patient's arrival.

5.2.2. Obtain patient's medical record following appropriate procedures.

5.2.3. Check patient's vital signs, to include temperature, respiration, pulse, weight and blood pressure.

5.2.4. Obtain and document patient's current medical history, drug history, chief complaints, allergies and vital signs on the correct Standard Form before patient is in the exam room.

5.2.5. Assist the provider as needed during exams.

5.2.6. Perform diagnostic procedures when ordered, to include EKG's, urine dip sticks, phlebotomy, etc.

5.2.7. Transport patients to other clinical areas as needed.

5.2.8. Check each chart for the provider's signature, stamp, and each patient's diagnosis prior to returning the chart to Health Records.

5.2.9. Administer medication to patients as directed.

5.2.10. Obtain lab and x-ray results.

5.2.11. Maintain exam room stock levels and perform routine maintenance of exam rooms, to include dusting, cleaning wash basins, etc.

5.2.12. Participate in inventory procedures as directed.

5.2.13. Complete lab and x-ray requisitions in accordance with clinic policies.

5.2.14. Enter demographic data into the computer upon patient check-in; enter diagnosis and departing time when patient is released.

5.2.15. Answer telephone and transcribe accurate messages.

5.2.16. Ensure that any broken or unsafe equipment is removed from the clinic in a timely manner and notify appropriate personnel.

5.2.17. Assist with patient flow and give direct patient care as directed.

5.2.18. Operate the following medical equipment, as directed, such as Automatic Blood Pressure Monitor, Hand Held Nebulizer, EKG Machine (12 lead), Electronic Thermometer, IV infusion pump (Set-up only), Typanometer.

6. SPECIFIC MINIMUM PERSONNEL QUALIFICATIONS FOR MEDICAL ASSISTANTS REQUIRED PRIOR TO WORK ASSIGNMENT:

6.1. High school diploma or GED certificate.

6.2. Completion of a course of education leading to, and possession of, certification as a medical assistant.

6.3. One year of full-time experience as a Medical Assistant within the last three years in an outpatient environment of comparable size and complexity.

6.4. Provide three letters of recommendation written within the last three years attesting to your clinical skills. A minimum of one letter must be from a supervisor. The other two letters must be from practicing physicians or senior registered nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

ATTACHMENT 026
SERVICE CONTRACT ACT WAGE DETERMINATIONS

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WAGE DETERMINATION NO: 94-2559 REV (18) AREA: WA,BREMETON

WAGE DETERMINATION NO: 94-2559 REV (18) AREA: WA,BREMETON

REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR

FOR OFFICIAL USE ONLY BY FEDERAL AGENCIES PARTICIPATING IN MOU WITH DOL

		WASHINGTON D.C. 20210
		Wage Determination No.: 1994-2559
William W.Gross	Division of	Revision No.: 18
Director	Wage Determinations	Date Of Last Revision: 09/19/2000

State: Washington

Area: Washington Counties of Clallam, Grays Harbor, Jefferson, Kitsap, Mason

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION TITLE	MINIMUM WAGE RATE
Administrative Support and Clerical Occupations	
Accounting Clerk I	9.28
Accounting Clerk II	10.69
Accounting Clerk III	12.43
Accounting Clerk IV	14.02
Court Reporter	12.87
Dispatcher, Motor Vehicle	12.87
Document Preparation Clerk	10.95
Duplicating Machine Operator	10.95
Film/Tape Librarian	11.02
General Clerk I	7.78
General Clerk II	8.75
General Clerk III	10.12
General Clerk IV	10.72
Housing Referral Assistant	14.31
Key Entry Operator I	10.13
Key Entry Operator II	11.19
Messenger (Courier)	7.78
Order Clerk I	8.69
Order Clerk II	12.10
Personnel Assistant (Employment) I	10.11
Personnel Assistant (Employment) II	10.72
Personnel Assistant (Employment) III	11.93
Personnel Assistant (Employment) IV	13.38
Production Control Clerk	14.31
Rental Clerk	10.84
Scheduler, Maintenance	10.90
Secretary I	11.02
Secretary II	12.87
Secretary III	14.31
Secretary IV	15.88
Secretary V	19.06
Service Order Dispatcher	10.84
Stenographer I	12.69
Stenographer II	14.25
Supply Technician	15.88
Survey Worker (Interviewer)	12.87

Switchboard Operator-Receptionist	9.59
Test Examiner	12.87
Test Proctor	12.87
Travel Clerk I	8.77
Travel Clerk II	9.54
Travel Clerk III	10.12
Word Processor I	10.92
Word Processor II	12.36
Word Processor III	13.89
Automatic Data Processing Occupations	
Computer Data Librarian	10.87
Computer Operator I	10.87
Computer Operator II	12.16
Computer Operator III	13.55
Computer Operator IV	15.77
Computer Operator V	17.47
Computer Programmer I (1)	11.90
Computer Programmer II (1)	15.06
Computer Programmer III (1)	17.91
Computer Programmer IV (1)	21.67
Computer Systems Analyst I (1)	15.61
Computer Systems Analyst II (1)	18.10
Computer Systems Analyst III (1)	21.36
Peripheral Equipment Operator	10.87
Automotive Service Occupations	
Automotive Body Repairer, Fiberglass	17.54
Automotive Glass Installer	16.43
Automotive Worker	16.43
Electrician, Automotive	17.24
Mobile Equipment Servicer	15.33
Motor Equipment Metal Mechanic	17.54
Motor Equipment Metal Worker	16.43
Motor Vehicle Mechanic	17.54
Motor Vehicle Mechanic Helper	14.76
Motor Vehicle Upholstery Worker	16.19
Motor Vehicle Wrecker	16.43
Painter, Automotive	16.97
Radiator Repair Specialist	16.43
Tire Repairer	14.81
Transmission Repair Specialist	17.54
Food Preparation and Service Occupations	
Baker	12.59
Cook I	11.74
Cook II	12.59
Dishwasher	9.95
Food Service Worker	9.39
Meat Cutter	12.59
Waiter/Waitress	10.44
Furniture Maintenance and Repair Occupations	
Electrostatic Spray Painter	16.97
Furniture Handler	14.68
Furniture Refinisher	16.97
Furniture Refinisher Helper	14.76
Furniture Repairer, Minor	15.88
Upholsterer	16.97
General Services and Support Occupations	

Cleaner, Vehicles	9.95	
Elevator Operator	9.95	
Gardener	11.74	
House Keeping Aid I	9.33	
House Keeping Aid II	9.95	
Janitor	9.95	
Laborer, Grounds Maintenance	10.44	
Maid or Houseman	9.39	
Pest Controller	12.16	
Refuse Collector	9.95	
Tractor Operator	11.31	
Window Cleaner	10.44	
Health Occupations		
Dental Assistant	11.18	
Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver		11.34
Licensed Practical Nurse I	8.90	
Licensed Practical Nurse II	9.99	
Licensed Practical Nurse III	11.18	
Medical Assistant	9.99	
Medical Laboratory Technician	9.99	
Medical Record Clerk	9.99	
Medical Record Technician	13.85	
Nursing Assistant I	7.26	
Nursing Assistant II	8.16	
Nursing Assistant III	8.90	
Nursing Assistant IV	9.99	
Pharmacy Technician	12.46	
Phlebotomist	9.99	
Registered Nurse I	13.85	
Registered Nurse II	16.94	
Registered Nurse II, Specialist	16.94	
Registered Nurse III	20.50	
Registered Nurse III, Anesthetist	20.50	
Registered Nurse IV	24.57	
Information and Arts Occupations		
Audiovisual Librarian	13.90	
Exhibits Specialist I	15.49	
Exhibits Specialist II	17.62	
Exhibits Specialist III	21.19	
Illustrator I	15.49	
Illustrator II	17.62	
Illustrator III	21.19	
Librarian	19.06	
Library Technician	12.87	
Photographer I	13.09	
Photographer II	15.49	
Photographer III	18.04	
Photographer IV	21.19	
Photographer V	25.63	
Laundry, Dry Cleaning, Pressing and Related Occupations		
Assembler	7.11	
Counter Attendant	7.11	
Dry Cleaner	8.23	
Finisher, Flatwork, Machine	7.11	
Presser, Hand	7.11	
Presser, Machine, Drycleaning	7.11	

Presser, Machine, Shirts	7.11	
Presser, Machine, Wearing Apparel, Laundry	7.11	
Sewing Machine Operator	8.79	
Tailor	9.32	
Washer, Machine	7.45	
Machine Tool Operation and Repair Occupations		
Machine-Tool Operator (Toolroom)	16.97	
Tool and Die Maker	19.18	
Material Handling and Packing Occupations		
Forklift Operator	15.35	
Fuel Distribution System Operator	15.20	
Material Coordinator	13.38	
Material Expediter	13.38	
Material Handling Laborer	13.58	
Order Filler	13.15	
Production Line Worker (Food Processing)	12.45	
Shipping Packer	8.05	
Shipping/Receiving Clerk	12.01	
Stock Clerk (Shelf Stocker; Store Worker II)	13.81	
Store Worker I	12.23	
Tools and Parts Attendant	12.76	
Warehouse Specialist	12.45	
Mechanics and Maintenance and Repair Occupations		
Aircraft Mechanic	17.23	
Aircraft Mechanic Helper	14.76	
Aircraft Quality Control Inspector	18.10	
Aircraft Servicer	15.88	
Aircraft Worker	16.43	
Appliance Mechanic	16.97	
Bicycle Repairer	14.81	
Cable Splicer	17.54	
Carpenter, Maintenance	16.97	
Carpet Layer	16.43	
Electrician, Maintenance	17.54	
Electronics Technician, Maintenance I	16.43	
Electronics Technician, Maintenance II	16.97	
Electronics Technician, Maintenance III	17.54	
Fabric Worker	15.88	
Fire Alarm System Mechanic	17.54	
Fire Extinguisher Repairer	15.69	
Fuel Distribution System Mechanic	17.54	
General Maintenance Worker	16.43	
Heating, Refrigeration and Air Conditioning Mechanic		17.54
Heavy Equipment Mechanic	17.54	
Heavy Equipment Operator	17.54	
Instrument Mechanic	17.54	
Laborer	11.44	
Locksmith	16.97	
Machinery Maintenance Mechanic	17.54	
Machinist, Maintenance	17.54	
Maintenance Trades Helper	14.76	
Millwright	17.54	
Office Appliance Repairer	16.97	
Painter, Aircraft	16.97	
Painter, Maintenance	16.97	
Pipefitter, Maintenance	17.54	

Plumber, Maintenance	16.97	
Pneudraulic Systems Mechanic	17.54	
Rigger	16.97	
Scale Mechanic	16.43	
Sheet-Metal Worker, Maintenance	17.54	
Small Engine Mechanic	16.43	
Telecommunication Mechanic I	17.54	
Telecommunication Mechanic II	18.10	
Telephone Lineman	17.54	
Welder, Combination, Maintenance	17.54	
Well Driller	17.54	
Woodcraft Worker	17.54	
Woodworker	16.19	
Miscellaneous Occupations		
Animal Caretaker	10.90	
Carnival Equipment Operator	11.31	
Carnival Equipment Repairer	11.75	
Carnival Worker	9.95	
Cashier	6.34	
Desk Clerk	9.28	
Embalmer	18.95	
Lifeguard	6.92	
Mortician	18.95	
Park Attendant (Aide)	8.70	
Photofinishing Worker (Photo Lab Tech., Darkroom Tech)		6.92
Recreation Specialist	12.56	
Recycling Worker	11.31	
Sales Clerk	6.92	
School Crossing Guard (Crosswalk Attendant)	9.95	
Sport Official	6.92	
Survey Party Chief (Chief of Party)	13.50	
Surveying Aide	6.34	
Surveying Technician (Instr. Person/Surveyor Asst./Instr.)		8.70
Swimming Pool Operator	12.59	
Vending Machine Attendant	11.31	
Vending Machine Repairer	12.59	
Vending Machine Repairer Helper	11.31	
Personal Needs Occupations		
Child Care Attendant	6.63	
Child Care Center Clerk	8.27	
Chore Aid	9.39	
Homemaker	12.16	
Plant and System Operation Occupations		
Boiler Tender	17.54	
Sewage Plant Operator	16.97	
Stationary Engineer	17.54	
Ventilation Equipment Tender	14.76	
Water Treatment Plant Operator	16.97	
Protective Service Occupations		
Alarm Monitor	12.17	
Corrections Officer	18.00	
Court Security Officer	19.26	
Detention Officer	18.00	
Firefighter	19.55	
Guard I	8.16	
Guard II	12.17	

Police Officer	22.10	
Stevedoring/Longshoremen Occupations		
Blocker and Bracer	13.86	
Hatch Tender	13.86	
Line Handler	13.86	
Stevedore I	13.38	
Stevedore II	14.31	
Technical Occupations		
Air Traffic Control Specialist, Center (2)	26.66	
Air Traffic Control Specialist, Station (2)	18.39	
Air Traffic Control Specialist, Terminal (2)	20.24	
Archeological Technician I	12.87	
Archeological Technician II	14.40	
Archeological Technician III	17.82	
Cartographic Technician	17.82	
Civil Engineering Technician	17.82	
Computer Based Training (CBT) Specialist/ Instructor		15.61
Drafter I	11.32	
Drafter II	13.09	
Drafter III	15.49	
Drafter IV	17.82	
Engineering Technician I	11.32	
Engineering Technician II	13.09	
Engineering Technician III	15.49	
Engineering Technician IV	7.82	
Engineering Technician V	21.80	
Engineering Technician VI	26.36	
Environmental Technician	15.77	
Flight Simulator/Instructor (Pilot)	18.10	
Graphic Artist	16.51	
Instructor	18.95	
Laboratory Technician	14.12	
Mathematical Technician	15.77	
Paralegal/Legal Assistant I	12.87	
Paralegal/Legal Assistant II	15.88	
Paralegal/Legal Assistant III	19.43	
Paralegal/Legal Assistant IV	22.80	
Photooptics Technician	15.77	
Technical Writer	22.93	
Unexploded (UXO) Safety Escort	16.94	
Unexploded (UXO) Sweep Personnel	16.94	
Unexploded Ordnance (UXO) Technician I	16.94	
Unexploded Ordnance (UXO) Technician II	20.50	
Unexploded Ordnance (UXO) Technician III	24.57	
Weather Observer, Combined Upper Air and Surface Programs (3)		13.55
Weather Observer, Senior (3)	15.77	
Weather Observer, Upper Air (3)	13.55	
Transportation/ Mobile Equipment Operation Occupations		
Bus Driver	14.31	
Parking and Lot Attendant	10.46	
Shuttle Bus Driver	12.35	
Taxi Driver	11.89	
Truckdriver, Heavy Truck	15.06	
Truckdriver, Light Truck	12.35	
Truckdriver, Medium Truck	12.96	
Truckdriver, Tractor-Trailer	15.06	

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$1.92 an hour or \$76.80 a week or \$332.80 a month.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) **APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL:** An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.

3) **WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY:** If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work

which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard including working with or in close proximity to explosives and incendiary materials involved in research, testing, manufacturing, inspection, renovation, maintenance, and disposal. Such as: Screening, blending, dying, mixing, and pressing of sensitive explosives pyrotechnic compositions such as lead azide, black powder and photoflash power. All dry-house activities involving propellants or explosives.

Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive explosives and incendiary materials. All operations involving regarding and cleaning of artillery ranges. A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard. Including working with or in close proximity to explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation and, possibly adjacent employees, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of explosive and incendiary ordnance material other than small arms ammunition. (Distribution of raw nitroglycerine is covered under high degree hazard.)

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**** NOTES APPLYING TO THIS WAGE DETERMINATION ****

Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees. Information required by the Regulations must be submitted on SF 1444 or bond paper. When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

BRS Document Viewer

WAGE DETERMINATION NO: 94-2057 REV (24) AREA: CA,SAN DIEGO

WAGE DETERMINATION NO: 94-2057 REV (24) AREA: CA,SAN DIEGO

REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR

FOR OFFICIAL USE ONLY BY FEDERAL AGENCIES PARTICIPATING IN MOU WITH DOL

WASHINGTON D.C. 20210

Wage Determination No.: 1994-2057

William W.Gross Division of | Revision No.: 24
Director Wage Determinations| Date Of Last Revision: 01/10/2001

State: California

Area: California Counties of Imperial, San Diego

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION TITLE	MINIMUM WAGE RATE
Administrative Support and Clerical Occupations	
Accounting Clerk I	10.27
Accounting Clerk II	11.20
Accounting Clerk III	13.08
Accounting Clerk IV	16.26
Court Reporter	15.05
Dispatcher, Motor Vehicle	13.88
Document Preparation Clerk	10.59
Duplicating Machine Operator	10.59
Film/Tape Librarian	12.74
General Clerk I	7.56
General Clerk II	8.49
General Clerk III	11.15
General Clerk IV	13.40
Housing Referral Assistant	17.26
Key Entry Operator I	9.96
Key Entry Operator II	11.30
Messenger (Courier)	8.97
Order Clerk I	10.93
Order Clerk II	13.63
Personnel Assistant (Employment) I	12.09
Personnel Assistant (Employment) II	14.09
Personnel Assistant (Employment) III	15.53
Personnel Assistant (Employment) IV	18.16
Production Control Clerk	15.36
Rental Clerk	11.91
Scheduler, Maintenance	11.91
Secretary I	11.91
Secretary II	13.18
Secretary III	17.26
Secretary IV	19.52
Secretary V	23.06
Service Order Dispatcher	12.74
Stenographer I	11.52
Stenographer II	12.95

Supply Technician	19.52
Survey Worker (Interviewer)	13.05
Switchboard Operator-Receptionist	10.57
Test Examiner	13.18
Test Proctor	13.18
Travel Clerk I	9.33
Travel Clerk II	10.20
Travel Clerk III	11.20
Word Processor I	11.71
Word Processor II	14.40
Word Processor III	17.55
Automatic Data Processing Occupations	
Computer Data Librarian	10.70
Computer Operator I	11.46
Computer Operator II	12.83
Computer Operator III	15.39
Computer Operator IV	18.54
Computer Operator V	20.52
Computer Programmer I (1)	16.26
Computer Programmer II (1)	20.15
Computer Programmer III (1)	26.33
Computer Programmer IV (1)	27.62
Computer Systems Analyst I (1)	24.83
Computer Systems Analyst II (1)	27.62
Computer Systems Analyst III (1)	27.62
Peripheral Equipment Operator	12.53
Automotive Service Occupations	
Automotive Body Repairer, Fiberglass	18.76
Automotive Glass Installer	17.45
Automotive Worker	17.45
Electrician, Automotive	18.13
Mobile Equipment Servicer	16.06
Motor Equipment Metal Mechanic	18.76
Motor Equipment Metal Worker	17.45
Motor Vehicle Mechanic	18.43
Motor Vehicle Mechanic Helper	15.06
Motor Vehicle Upholstery Worker	16.81
Motor Vehicle Wrecker	17.45
Painter, Automotive	18.13
Radiator Repair Specialist	17.45
Tire Repairer	15.52
Transmission Repair Specialist	18.76
Food Preparation and Service Occupations	
Baker	12.00
Cook I	11.04
Cook II	12.00
Dishwasher	8.28
Food Service Worker	8.28
Meat Cutter	12.97
Waiter/Waitress	8.96
Furniture Maintenance and Repair Occupations	
Electrostatic Spray Painter	18.13
Furniture Handler	13.02
Furniture Refinisher	18.13
Furniture Refinisher Helper	15.06
Furniture Repairer, Minor	16.81

Upholsterer	18.13	
General Services and Support Occupations		
Cleaner, Vehicles	9.52	
Elevator Operator	8.28	
Gardener	11.04	
House Keeping Aid I	7.59	
House Keeping Aid II	8.38	
Janitor	8.38	
Laborer, Grounds Maintenance	8.96	
Maid or Houseman	7.58	
Pest Controller	11.56	
Refuse Collector	9.52	
Tractor Operator	10.36	
Window Cleaner	9.08	
Health Occupations		
Dental Assistant	13.28	
Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	11.15	
Licensed Practical Nurse I	11.25	
Licensed Practical Nurse II	12.63	
Licensed Practical Nurse III	14.15	
Medical Assistant	9.75	
Medical Laboratory Technician	12.54	
Medical Record Clerk	12.63	
Medical Record Technician	13.25	
Nursing Assistant I	7.65	
Nursing Assistant II	8.66	
Nursing Assistant III	9.38	
Nursing Assistant IV	10.55	
Pharmacy Technician	12.01	
Phlebotomist	11.89	
Registered Nurse I	21.00	
Registered Nurse II	24.74	
Registered Nurse II, Specialist	24.74	
Registered Nurse III	29.39	
Registered Nurse III, Anesthetist	29.39	
Registered Nurse IV	35.22	
Information and Arts Occupations		
Audiovisual Librarian	19.52	
Exhibits Specialist I	16.76	
Exhibits Specialist II	19.53	
Exhibits Specialist III	23.89	
Illustrator I	16.83	
Illustrator II	19.60	
Illustrator III	23.99	
Librarian	23.06	
Library Technician	13.14	
Photographer I	13.02	
Photographer II	16.76	
Photographer III	19.53	
Photographer IV	23.89	
Photographer V	28.91	
Laundry, Dry Cleaning, Pressing and Related Occupations		
Assembler	6.88	
Counter Attendant	6.88	
Dry Cleaner	8.51	
Finisher, Flatwork, Machine	6.88	

Presser, Hand	6.88	
Presser, Machine, Drycleaning	6.88	
Presser, Machine, Shirts	6.88	
Presser, Machine, Wearing Apparel, Laundry	6.88	
Sewing Machine Operator	9.06	
Tailor	10.10	
Washer, Machine	7.30	
Machine Tool Operation and Repair Occupations		
Machine-Tool Operator (Toolroom)	18.13	
Tool and Die Maker	22.25	
Material Handling and Packing Occupations		
Forklift Operator	13.28	
Fuel Distribution System Operator	16.06	
Material Coordinator	12.82	
Material Expediter	12.82	
Material Handling Laborer	9.82	
Order Filler	10.08	
Production Line Worker (Food Processing)	11.50	
Shipping Packer	10.78	
Shipping/Receiving Clerk	10.78	
Stock Clerk (Shelf Stocker; Store Worker II)	11.90	
Store Worker I	9.45	
Tools and Parts Attendant	11.77	
Warehouse Specialist	11.77	
Mechanics and Maintenance and Repair Occupations		
Aircraft Mechanic	18.76	
Aircraft Mechanic Helper	15.06	
Aircraft Quality Control Inspector	21.25	
Aircraft Servicer	16.81	
Aircraft Worker	17.45	
Appliance Mechanic	18.13	
Bicycle Repairer	15.52	
Cable Splicer	21.57	
Carpenter, Maintenance	18.13	
Carpet Layer	17.45	
Electrician, Maintenance	19.95	
Electronics Technician, Maintenance I	11.76	
Electronics Technician, Maintenance II	18.80	
Electronics Technician, Maintenance III	22.52	
Fabric Worker	16.81	
Fire Alarm System Mechanic	18.76	
Fire Extinguisher Repairer	16.06	
Fuel Distribution System Mechanic	18.76	
General Maintenance Worker	17.45	
Heating, Refrigeration and Air Conditioning Mechanic	18.76	18.76
Heavy Equipment Mechanic	20.37	
Heavy Equipment Operator	22.87	
Instrument Mechanic	19.30	
Laborer	10.95	
Locksmith	18.13	
Machinery Maintenance Mechanic	22.42	
Machinist, Maintenance	18.96	
Maintenance Trades Helper	15.06	
Millwright	20.04	
Office Appliance Repairer	18.13	
Painter, Aircraft	18.13	

Painter, Maintenance	18.13	
Pipefitter, Maintenance	18.76	
Plumber, Maintenance	18.13	
Pneudraulic Systems Mechanic	18.76	
Rigger	18.76	
Scale Mechanic	17.45	
Sheet-Metal Worker, Maintenance	18.76	
Small Engine Mechanic	17.45	
Telecommunication Mechanic I	18.76	
Telecommunication Mechanic II	21.75	
Telephone Lineman	18.76	
Welder, Combination, Maintenance	18.76	
Well Driller	19.74	
Woodcraft Worker	18.76	
Woodworker	16.06	
Miscellaneous Occupations		
Animal Caretaker	9.66	
Carnival Equipment Operator	11.56	
Carnival Equipment Repairer	12.32	
Carnival Worker	8.28	
Cashier	9.99	
Desk Clerk	10.06	
Embalmer	19.62	
Lifeguard	9.32	
Mortician	19.62	
Park Attendant (Aide)	11.71	
Photofinishing Worker (Photo Lab Tech., Darkroom Tech)		11.63
Recreation Specialist	13.95	
Recycling Worker	11.95	
Sales Clerk	9.58	
School Crossing Guard (Crosswalk Attendant)	8.28	
Sport Official	9.20	
Survey Party Chief (Chief of Party)	21.91	
Surveying Aide	14.31	
Surveying Technician (Instr. Person/Surveyor Asst./Instr.)		19.92
Swimming Pool Operator	12.00	
Vending Machine Attendant	11.31	
Vending Machine Repairer	13.09	
Vending Machine Repairer Helper	10.92	
Personal Needs Occupations		
Child Care Attendant	8.07	
Child Care Center Clerk	11.26	
Chore Aid	9.19	
Homemaker	14.12	
Plant and System Operation Occupations		
Boiler Tender	18.76	
Sewage Plant Operator	19.63	
Stationary Engineer	20.31	
Ventilation Equipment Tender	15.06	
Water Treatment Plant Operator	19.63	
Protective Service Occupations		
Alarm Monitor	16.41	
Corrections Officer	19.09	
Court Security Officer	21.07	
Detention Officer	21.07	
Firefighter	18.83	

Guard I	8.43	
Guard II	16.10	
Police Officer	23.30	
Stevedoring/Longshoremen Occupations		
Blocker and Bracer	15.33	
Hatch Tender	13.33	
Line Handler	13.33	
Stevedore I	14.76	
Stevedore II	16.52	
Technical Occupations		
Air Traffic Control Specialist, Center (2)	27.91	
Air Traffic Control Specialist, Station (2)	19.25	
Air Traffic Control Specialist, Terminal (2)	21.19	
Archeological Technician I	15.61	
Archeological Technician II	17.46	
Archeological Technician III	21.64	
Cartographic Technician	22.77	
Civil Engineering Technician	22.87	
Computer Based Training (CBT) Specialist/ Instructor		21.59
Drafter I	12.13	
Drafter II	13.62	
Drafter III	17.52	
Drafter IV	20.42	
Engineering Technician I	13.88	
Engineering Technician II	15.58	
Engineering Technician III	18.76	
Engineering Technician IV	22.85	
Engineering Technician V	27.83	
Engineering Technician VI	33.69	
Environmental Technician	18.18	
Flight Simulator/Instructor (Pilot)	26.51	
Graphic Artist	20.28	
Instructor	21.59	
Laboratory Technician	15.10	
Mathematical Technician	19.44	
Paralegal/Legal Assistant I	17.86	
Paralegal/Legal Assistant II	22.39	
Paralegal/Legal Assistant III	27.39	
Paralegal/Legal Assistant IV	33.13	
Photooptics Technician	19.93	
Technical Writer	25.34	
Unexploded (UXO) Safety Escort	18.33	
Unexploded (UXO) Sweep Personnel	18.33	
Unexploded Ordnance (UXO) Technician I	18.33	
Unexploded Ordnance (UXO) Technician II	22.17	
Unexploded Ordnance (UXO) Technician III	26.58	
Weather Observer, Combined Upper Air and Surface Programs (3)		15.82
Weather Observer, Senior (3)	17.56	
Weather Observer, Upper Air (3)	15.82	
Transportation/ Mobile Equipment Operation Occupations		
Bus Driver	13.05	
Parking and Lot Attendant	6.91	
Shuttle Bus Driver	9.61	
Taxi Driver	7.85	
Truckdriver, Heavy Truck	14.33	
Truckdriver, Light Truck	9.61	

Truckdriver, Medium Truck	13.41
Truckdriver, Tractor-Trailer	14.33

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$1.92 an hour or \$76.80 a week or \$332.80 a month.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) **APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL:** An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.

3) **WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY:** If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard including working with or in close proximity to explosives and incendiary materials involved in research, testing, manufacturing, inspection, renovation, maintenance, and disposal. Such as: Screening, blending, dying, mixing, and pressing of sensitive explosives pyrotechnic compositions such as lead azide, black powder and photoflash power. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive explosives and incendiary materials. All operations involving regarding and cleaning of artillery ranges. A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard. Including working with or in close proximity to explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation and, possibly adjacent employees, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of explosive and incendiary ordnance material other than small arms ammunition. (Distribution of raw nitroglycerine is covered under high degree hazard.)

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance: The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the

uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the

Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**** NOTES APPLYING TO THIS WAGE DETERMINATION ****

Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees. Information required by the Regulations must be submitted on SF 1444 or bond paper. When preparing a conformance request, the "Service Contract Act Directory of Occupations"

(the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

ATTACHMENT 027
NOTIONAL TASK ORDER NTO001

SUBJECT: NOTIONAL TASK ORDER PROPOSAL REQUEST (Community Based Outpatient Clinic Services for Naval Hospital, Camp Pendleton, CA)

TO: MATO IDIQ contractors:

This document serves as a Notional Task Order Proposal Request (TOPR) for Naval Hospital, Camp Pendleton, CA.

1. **SERVICES REQUIRED / PLACE OF PERFORMANCE.** This task order proposal request is the development of physician, physician extender and pharmacist services for Community Based Outpatient Clinic Services in Temecula, CA (a service delivery point for NAVHOSP Camp Pendleton, CA).

2. **PERIOD OF PERFORMANCE.**

The estimated period of performance for all positions is 1 Oct 01 through 30 Sep 02. The estimated quantity of hours is as follows:

a. Family Practice Physician

Estimated quantity of hours = 6,240

b. Pediatric Physician

Estimated quantity of hours = 6,240

c. Family Nurse Practitioner

Estimated quantity of hours = 4,160

d. Pharmacist

Estimated quantity of hours = 4,160

3. **MINIMUM QUALIFICATION REQUIREMENTS:** The requirements in Section C, paragraph C.7. and Section H, paragraph H.7. apply to all positions within this Notional TOPR. Additionally, for

(a) Family Practice Physicians. The requirements in Section J, Attachment 015, paragraph 6 shall apply.

(b) Pediatric Physicians. All physicians shall have (i) a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG) and, (ii) Graduation from a residency training program in Family Practice approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority, (iii) Board certification in Pediatrics by the American Board of Pediatrics, (iv) A current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands, (v) Current Drug Enforcement Agency certification (DEA number), (vi) A minimum of 12 months experience within the preceding 36 months as a Family Practice physician in a setting of similar size and complexity, (vii) Current Advanced Cardiac Life Support (ACLS) certification and, (viii) Current Pediatric Advanced Life Support (PALS) certification.

(c) Family Nurse Practitioner. (i) Graduation from a Family Nurse Practitioner program accredited by the National League for Nursing Accrediting Council (NLNAC) and approved by the Commission on Collegiate Nursing Education (CCNE), (ii) a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands, (iii) One year of full-time experience providing services as a family nurse practitioner in an outpatient environment, (iv) current Advanced Cardiac Life Support (ACLS) certification and, (v) current Pediatric Advanced Life Support (PALS) certification.

(d) Pharmacists. The requirements in Section J, Attachment 001, paragraph 6 shall apply.

4. **DESCRIPTION OF SERVICES:** This is an abbreviated requirement (not all labor categories) that focuses on replacing the above categories of healthcare workers within a 120 day window from the issuance of the TO to the receipt of complete credentialing packages. Services would be expected to begin within 30 days following submission of the credentialing packages. The Government's goal is continuance of current services without interruption.

5. **PROPOSAL INFORMATION.**

a. **COST PROPOSALS DUE:** Proposals shall be provided in accordance with Section L, paragraph 7.1.6 (e) of the solicitation. For this Notional Task Order Proposals, you shall provide the following:

- (1) Completed Pricing Sheet for each position (See Enclosure 027-1 to this TO)
- (2) Completed Supplemental Pricing Worksheet for each position (See Enclosure 27-2 to this TO)

b. **TECHNICAL INFORMATION:** Proposals shall provide the following:

(1) Identification of specific marketplace barriers (commodity shortages, geographic remoteness/barriers, competitive marketplace conditions, etc.) that may preclude the successful completion of this TO in Temecula, CA within the 120 day window. Identify and describe any unusual or extraordinary recruitment methods that may be required to fill scarce marketplace commodities (if identified in your market research).

(2) Specific milestones to be achieved during the 120 day period that would help assure success.

(3) Identification of any unusual or extraordinary recruitment methods that may be required to fill scarce marketplace commodities.

(4) Identification of any specific retention pay/benefits that would help assure continued employment of healthcare workers.

(5) Compare typical industry practices for like services either nationally or regionally (provide the index/source for validation by the Government).

ENCLOSURE 27-1
Community Based Outpatient Clinic Services for Naval Hospital, Camp Pendleton, CA
NOTIONAL TOPR PRICING SHEET

SERVICES AND PRICES/COSTS

This section shall be completed by the offeror and submitted with the cost proposal

ITEM NO.	DESCRIPTION	TOTAL HRS	UNIT PRICE	TOTAL PRICE
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0001	The contractor shall provide FAMILY PRACTICE PHYSICIAN SERVICES on behalf of the Government in Temecula, CA in accordance with Section C, Section H and Section J, Attachment 027 for this position	6240	\$/HR	
	\$			

Period of Performance: 1 Oct 01 through 30 Sep 02.

0002	The contractor shall provide PEDIATRIC PHYSICIAN SERVICES on behalf of the Government in Temecula, CA in accordance with Section C, Section H and Section J, Attachment 027 for this position	6240	\$/HR	
	\$			

Period of Performance: 1 Oct 01 through 30 Sep 02.

0003	The contractor shall provide FAMILY NURSE PRACTITIONER SERVICES on behalf of the Government in Temecula, CA in accordance with Section C, Section H and Section J, Attachment 027 for this position	4160	\$/HR	
	\$			

Period of Performance: 1 Oct 01 through 30 Sep 02.

0004	The contractor shall provide PHARMACIST SERVICES on behalf of the Government in Temecula, CA in accordance with Section C, Section H and Section J, Attachment 027 for this position	4160	\$/HR	
	\$			

Period of Performance: 1 Oct 01 through 30 Sep 02.

TOTAL PROPOSED PRICE: \$ _____

ENCLOSURE 27-2
Community Based Outpatient Clinic Services for Naval Hospital, Camp Pendleton, CA
SUPPLEMENTAL PRICING WORKSHEET

In accordance with Section L, paragraph 8.2., the Contracting Officer will use the information from this supplemental pricing worksheet to determine price realism. The total health care worker compensation reported on this supplemental pricing worksheet shall reflect the lowest acceptable compensation rate that will be paid to a health care worker upon contract or task order award. The task order awardee is not prohibited from paying a range of compensation rates to recruited health care workers in a particular labor category, but under no circumstances shall the compensation rate be lower than that included in the Supplemental Pricing Worksheet. A supplemental pricing worksheet shall be prepared for each separately priced CLIN/SLIN.

A. FAMILY PRACTICE PHYSICIAN SERVICES

CLIN 0001

i. Hourly Rate \$ _____
ii. *Fringe Benefits \$ _____

TOTAL HEALTH CARE WORKER COMPENSATION PER HOUR \$ _____

*Fringe Benefits include non-cash compensation provided to employees to comply with Department of Labor compensation.

Samples of fringe benefits include: 401(k), Insurance (Medical/Dental/Life), Continuing Education Expenses, Bonuses, Incentives, and Uniform Allowance.

Other fringe benefits offered but not listed above (please specify):

B. PEDIATRIC PHYSICIAN SERVICES

CLIN 0002

i. Hourly Rate \$ _____
ii. *Fringe Benefits \$ _____

TOTAL HEALTH CARE WORKER COMPENSATION PER HOUR \$ _____

*Fringe Benefits include non-cash compensation provided to employees to comply with Department of Labor compensation.

Samples of fringe benefits include: 401(k), Insurance (Medical/Dental/Life), Continuing Education Expenses, Bonuses, Incentives, and Uniform Allowance.

Other fringe benefits offered but not listed above (please specify):

C. FAMILY NURSE PRACTITIONER SERVICES**CLIN 0003**

- i. Hourly Rate \$ _____
ii. *Fringe Benefits \$ _____

TOTAL HEALTH CARE WORKER COMPENSATION PER HOUR \$ _____

*Fringe Benefits include non-cash compensation provided to employees to comply with Department of Labor compensation.

Samples of fringe benefits include: 401(k), Insurance (Medical/Dental/Life), Continuing Education Expenses, Bonuses, Incentives, and Uniform Allowance.

Other fringe benefits offered but not listed above (please specify):

D. PHARMACIST SERVICES**CLIN 0004**

- i. Hourly Rate \$ _____
ii. *Fringe Benefits \$ _____

TOTAL HEALTH CARE WORKER COMPENSATION PER HOUR \$ _____

*Fringe Benefits include non-cash compensation provided to employees to comply with Department of Labor compensation.

Samples of fringe benefits include: 401(k), Insurance (Medical/Dental/Life), Continuing Education Expenses, Bonuses, Incentives, and Uniform Allowance.

Other fringe benefits offered but not listed above (please specify):

ATTACHMENT 028
NOTIONAL TASK ORDER NTO002

SUBJECT: NOTIONAL TASK ORDER PROPOSAL REQUEST (Women's Health Services for Naval Hospital, Oak Harbor, WA)

TO: MATO IDIQ contractors:

This document serves as a Notional Task Order Proposal Request (TOPR) for Naval Hospital, Oak Harbor, WA.

1. **SERVICES REQUIRED / PLACE OF PERFORMANCE.**

This task order proposal request is the development of **Women's Health Services for Naval Hospital, (Whidbey Island) Oak Harbor, WA.**

2. **PERIOD OF PERFORMANCE.**

The estimated period of performance for all positions is 1 Oct 01 through 30 Sep 02. The estimated quantity of hours is as follows:

a. OB/GYN Physician

Estimated quantity of hours = 6,240

b. Nurse Midwife

Estimated quantity of hours = 4,160

c. OB Nurse Practitioner

Estimated quantity of hours = 4,160

3. **MINIMUM QUALIFICATION REQUIREMENTS:** The requirements in Section C, paragraph C.7. and Section H, paragraph H.7. apply to all positions within this Notional TOPR. Additionally, for

(a) OB/GYN Physicians. All physicians shall have (i) a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG) and, (ii) Graduation from a residency training program in Obstetrics and Gynecology approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority, (iii) Board certification in Pediatrics by the American Board of Pediatrics, (iv) A current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands, (v) Current Drug Enforcement Agency certification (DEA number), (vi) A minimum of 12 months experience within the preceding 36 months as an Obstetrician in a setting of similar size and complexity and, (vii) Current Advanced Cardiac Life Support (ACLS) certification and.

(b) Nurse Midwife. Graduation as a Certified Professional Midwife (CPM) or Certified Nurse-Midwife (CNM) from a Nurse Midwife program accredited by the Midwifery Education Accreditation Council (MEAC) and the American College of Nurse-Midwives/Division of Accreditation (ACNM/DOA) and approved by the Commission on Collegiate Nursing Education (CCNE), (ii) a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands, (iii) One year of full-time experience within the preceding 36 months providing services as a Certified Professional

Midwife (CPM) or Certified Nurse-Midwife (CNM), (iv) current Advanced Cardiac Life Support (ACLS) certification and, (v) current Pediatric Advanced Life Support (PALS) certification.

(c) OB Nurse Practitioner. (i) Graduation from a OB Nurse Practitioner program accredited by the National League for Nursing Accrediting Council (NLNAC) and approved by the Commission on Collegiate Nursing Education (CCNE), (ii) a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands, (iii) One year of full-time experience providing services as an OB Nurse Practitioner in an outpatient environment, (iv) current Advanced Cardiac Life Support (ACLS) certification and, (v) current Pediatric Advanced Life Support (PALS) certification.

4. **DESCRIPTION OF SERVICES:** This is an abbreviated requirement that focuses on replacing the above categories of healthcare workers within a 120 day window from the issuance of the TO to the receipt of complete credentialing packages. Services would be expected to begin within 30 days following submission of the credentialing packages. The Government's goal is continuance of current services without interruption.

5. **PROPOSAL INFORMATION.**

a. **COST PROPOSALS DUE:** Proposals shall be provided in accordance with Section L, paragraph 7.1.6 (e) of the solicitation. For this Notional Task Order Proposal, you shall provide the following:

- (1) Completed Pricing Sheet for each position (See Enclosure 28-1 to this TO)
- (2) Completed Supplemental Pricing Worksheet for each position (See Enclosure 28-2 to this TO)

(3) Proposals for the cost of unusual or extra-ordinary recruitment methods that would be required to fill scarce marketplace commodities (if identified in your market research). These costs shall be supported by comparisons against typical industry costs for like services (provide the index for validation by the Government).

(4) A cost comparison of the cost of providing these services on Whidbey Island, WA versus their relative cost in metropolitan Seattle (King County) WA. Specific cost differentials will be provided.

b. **TECHNICAL INFORMATION:** Proposals shall provide the following:

(1) Identification of specific marketplace barriers (commodity shortages, geographic barriers, competitive marketplace conditions, etc.) that may preclude the successful completion of this TO on Whidbey Island, WA within the 120 day window.

(2) Specific milestones to be achieved during the 120 day period that would help assure success.

(3) Identification of unusual or extraordinary recruitment methods that may be required to fill scarce marketplace commodities.

(4) Identification of any specific retention pay/benefits that may help assure continued employment of healthcare workers.

ENCLOSURE 28-1
Women's Health Services for Naval Hospital, (Whidbey Island) Oak Harbor, WA.
NOTIONAL TOPR PRICING SHEET

SERVICES AND PRICES/COSTS

This section shall be completed by the offeror and submitted with the cost proposal

ITEM NO.	DESCRIPTION	TOTAL HRS	UNIT PRICE	TOTAL PRICE
0001	The contractor shall provide OB/GYN PHYSICIAN SERVICES on behalf of the Government in Oak Harbor, WA in accordance with Section C, Section H and Section J, Attachment 027 for this position	6240		
	\$/ HR \$			

Period of Performance: 1 Oct 01 through 30 Sep 02.

0002	The contractor shall provide NURSE MIDWIFE SERVICES on behalf of the Government in Oak Harbor, WA in accordance with Section C, Section H and Section J, Attachment 027 for this position	4160		
	\$/ HR \$			

Period of Performance: 1 Oct 01 through 30 Sep 02.

0003	The contractor shall provide OB NURSE PRACTITIONER SERVICES on behalf of the Government in Oak Harbor, WA in accordance with Section C, Section H and Section J, Attachment 027 for this position	4160		
	\$/ HR \$			

Period of Performance: 1 Oct 01 through 30 Sep 02.

TOTAL PROPOSED PRICE: \$_____

ENCLOSURE 28-2
Women's Health Services for Naval Hospital, (Whidbey Island) Oak Harbor, WA.
SUPPLEMENTAL PRICING WORKSHEET

In accordance with Section L, paragraph 8.2., the Contracting Officer will use the information from this supplemental pricing worksheet to determine price realism. The total health care worker compensation reported on this supplemental pricing worksheet shall reflect the lowest acceptable compensation rate that will be paid to a health care worker upon contract or task order award. The task order awardee is not prohibited from paying a range of compensation rates to recruited health care workers in a particular labor category, but under no circumstances shall the compensation rate be lower than that included in the Supplemental Pricing Worksheet. A supplemental pricing worksheet shall be prepared for each separately priced CLIN/SLIN.

A. OB/GYN PHYSICIAN SERVICES

CLIN 0001

- i. Hourly Rate \$ _____
ii. *Fringe Benefits \$ _____

TOTAL HEALTH CARE WORKER COMPENSATION PER HOUR \$ _____

*Fringe Benefits include non-cash compensation provided to employees to comply with Department of Labor compensation.

Samples of fringe benefits include: 401(k), Insurance (Medical/Dental/Life), Continuing Education Expenses, Bonuses, Incentives, and Uniform Allowance.

Other fringe benefits offered but not listed above (please specify):

B. NURSE MIDWIFE SERVICES

CLIN 0002

- i. Hourly Rate \$ _____
ii. *Fringe Benefits \$ _____

TOTAL HEALTH CARE WORKER COMPENSATION PER HOUR \$ _____

*Fringe Benefits include non-cash compensation provided to employees to comply with Department of Labor compensation.

Samples of fringe benefits include: 401(k), Insurance (Medical/Dental/Life), Continuing Education Expenses, Bonuses, Incentives, and Uniform Allowance.

Other fringe benefits offered but not listed above (please specify):

C. OB NURSE PRACTITIONER

CLIN 0003

- i. Hourly Rate \$ _____
- ii. *Fringe Benefits \$ _____

TOTAL HEALTH CARE WORKER COMPENSATION PER HOUR \$ _____

*Fringe Benefits include non-cash compensation provided to employees to comply with Department of Labor compensation.

Samples of fringe benefits include: 401(k), Insurance (Medical/Dental/Life), Continuing Education Expenses, Bonuses, Incentives, and Uniform Allowance.

Other fringe benefits offered but not listed above (please specify):

ATTACHMENT 029
Electronic File Format; Offeror's Past Performance Information

The Contractor shall complete the past performance table provided below on diskettes 001 and 002. This Microsoft Word 97 document includes information from not more than five of their previous/current contracts **not awarded by the Naval Medical Logistics Command** that are most current and relevant to the labor categories identified in Section B. The Government will supplement this information with part performance analyses of contracts awarded by the Naval Medical Logistics Command. In order to be considered current, services must have been provided within the last five years. In selecting the most relevant contracts, the offeror may include contracts that demonstrate the prior experience of corporate officials or the experience of subcontractors/teaming partners. However, these officials or subcontractors/teaming partners shall have a role in support of the requirements of this solicitation and the resultant contract(s). The offeror is responsible for ensuring that all points of contact provided as references are current and appropriate, and that the phone numbers provided are valid. If the offeror has no relevant past performance, they shall affirmatively state that they possess no relevant past performance within Past Performance.doc.

The offeror shall also provide the number, type and severity of any quality, delivery or price problems in performing the contract, the corrective action taken and the effectiveness of the corrective action.

The offeror may provide a single page discussion (which follows the chart) of noteworthy successes, accomplishments, awards or commendations achieved during the described experience in providing services, and any other information the offeror considers relevant to its corporate experience. The Government will accept no more than one single spaced page.

PAST PERFORMANCE INFORMATION TABLE
ATTACHMENT 029

Contract No: Date(s) of Performance: Location of Performance (Facility Name, City/State):	Point of Contact at Govt or Commercial Facility (Name/Address/Phone)	Brief Description of Services Performed:	Numbers and Types of Healthcare Workers:	Number, Type, Severity of any quality/delivery/price problems and corrective action taken

ATTACHMENT 030
RESERVED

ATTACHMENT 031
Electronic File Format; Offeror's Management Plan

A. This attachment mirrors the information contained on diskettes 5 and 6 (Management Plan). The Contractor shall complete that Microsoft Word 97 electronic document.

B. The Government will evaluate the "risk to the Government" associated with the offeror's Management Plan. The Government will not assume that the offeror possesses any capability unless it is specified in their Management Plan proposal. The Government will evaluate the offeror's approach to:

a. Recruiting health care workers that meet the requirements of the solicitation and the position specific statement(s) of work.

(1) Specific plans to recruit health care workers

(2) Identification of specific marketplace barriers (commodity shortages, geographic remoteness/barriers, competitive marketplace conditions, etc.) that may preclude the successful recruitment.

(3) Any unusual or extraordinary recruitment methods that may be required to fill scarce marketplace commodities (if identified in your market research).

(4) Specific milestones to be achieved during the start-up period that will help assure success on the date that services are scheduled to begin.

(5) Ideas to mitigate any risks identified to successful recruitment, for example relocating allowances, etc.

b. Retaining health care workers.

(1) Ideas to mitigate any risks of employee turnover.

(2) Physician and Other Scarce Healthcare Occupation Perquisites (other than direct compensation paid to health care workers). Of particular concern to the Government is the offeror's capability to retain Pharmacist at Naval Hospital Bremerton, WA, Family Practice Physicians at Naval Medical Center San Diego, CA and Naval Hospital Camp Pendleton. Offerors shall complete the table below. *

PERQUISITES GRANTED TO PHYSICIANS AND OTHER PROFESSIONALS

Indicate the Percent Of Annual Salary That Are Granted To Physicians, Employed Or Contracted To Your Company, For The Following Perquisites:

PERQUISITES	% OF SALARY	PERQUISITES	% OF SALARY
Additional Life Insurance		Patient Referral Services	
Annual Physical Allowances		Personal Financial Counselor	
Auto (Leased) Allowance		Personal Legal Services	
Auto (Purchased)		Sabbatical With Pay	
Billing Services		Travel Expenses	
Malpractice (Tail) Insurance		Other (Specify):	
Meals/Entertainment Allowance			
Mobile/Car Phone Allowance			
Office Space Provided			

(3) Fringe benefits (specifically non-required/non-regulatory fringe benefits) paid to health care workers. Offerors shall complete the table below.*

EMPLOYEE FRINGE BENEFITS

Indicate If Your Company Grants Either Of The Following:

- (☐) Fixed Benefits
 (☐) Flexible/Cafeteria Benefits

Indicate the Following Benefits That Are Granted By Your Company And How They Are Paid:

HEALTH & MEDICAL PLANS	Yes	No	Percent Paid By Employer	Are Dependents Covered
Group Medical Insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Group Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Group Vision Insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Group Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Accidental Death & Dismemberment Insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Short-term (Non-occupational) Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Long-term (Non-occupational) Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>		
RETIREMENT PLANS	Yes	No	Check Here If 100% Employer Paid	
Defined Benefit Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DEFINED CONTRIBUTION PLANS				
401(k) or 403(b) Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Profit Sharing Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Stock Option Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thrift Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tax Sheltered Annuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CONTINUING MEDICAL EDUCATION	Yes	No	Max. % Of Tuition Paid By Contractor	Average Number of Days Paid Employee/Yr
Do you offer CME?	<input type="checkbox"/>	<input type="checkbox"/>		

c. Plans to ensure healthcare workers' credentials are current, complete, and submitted timely, taking into account the specific requirements of task order contracting.

d. Unique requirements of Notional task orders NTO001 and NTO002 per the specific requirements of Section J, Attachments 027 and 028.

* Offerors are reminded of the requirement to submit specific cost (dollar) information on Diskettes 3 and 4 ONLY. The questions within the Management Plan are aimed at the offeror providing the percentage or a description of the benefit but not the actual dollar value.

ATTACHMENT 032
NAVMED P-117

ATTACHMENT IX

U.S. Navy
Manual of the Medical Department
NAVMED P-117
29 October 1992

Department of the Navy

NAVMED P-117
CHANGE 107

Subj: Off-duty Remunerative Professional
Employment (Regulatory)

1. General. Off-duty remunerative professional civilian employment, including self-employment (hereto referred to as off-duty employment) of active duty Medical Department officers is subject to policies herein stated by the chief, Bureau of Medicine and Surgery, and policies applicable to all members of the naval service as stated by the Secretary of the Navy (SECNAVINST 5370.2 series) and the Chief of Naval Personnel (BUPERSMAN 34205000). No Medical Department officers on active duty shall engage in any off-duty employment without first obtaining the permission of the commanding officer.

2. Guideline

a. Medical Department officers on active duty are in a 24-hour duty status and their military duty takes precedence on their time, talents, and attention.

b. Permission for an officer to engage in off-duty employment shall be based on a determination by the commanding officer that the permission requested is consistent with these guidelines and that the proposed employment will not interfere with the officer's military duties. If approved, employment will normally not exceed 16 hours per week. Periods in excess of 16 hours per week can be authorized only if the commanding officer finds that special circumstances exist which indicate that no conflict with military duties will occur, notwithstanding the addition hours. Permission to engage in off-duty employment may be withdrawn at any time.

c. A Medical Department officer in off-duty employment shall not assume primary responsibility for the care of any critically ill person on a continuing basis as this will inevitably result in compromise of responsibilities to the patient or the primacy of military obligations.

d. Medical Department officer trainees are prohibited from off-duty employment. Other Medical Department officers are discouraged from off-duty employment. No officer shall request or be granted administrative absence for the primary purpose of conducting off-duty employment.

e. Off-duty employment shall not be conducted on military premises, involve expense to the Federal government, nor involve use of military equipment, personnel, or supplies. Military personnel may not be employed by Medical Department officers involved in off-duty employment.

f. Off-duty employment shall not interfere, nor be in competition, with local civilian practitioners in the health professions and must be carried out in compliance with all applicable licensing requirements. To ensure this, a statement shall be provided from the appropriate local professional association indicating that there is a need for the individual's service in the community. Local licensing requirements are the responsibility of officers wishing to engage in private practice. Those engaging in private practice are subject to all requirements of the Federal narcotic law, including registration and payment of tax.

g. There may be no self-referral from the military setting to their off-duty employment on the part of military

Medical Department officers.

h. No Medical Department office on active duty in off-duty employment may solicit or accept a fee directly or indirectly for the care of a member, retired member, or dependent of such members of the uniformed services as are entitled to medical or dental care by those services. Indirect acceptance shall be interpreted to include those fees collected by an emergency room or walk-in clinic staffed by a military medical officer. Entitled members must be screened and identified as such by the facility and their charges reduced to reflect that portion of the charges which are accounted for by the military medical officer's services. Nor may such a fee be accepted directly or indirectly for the care of Department of Veterans Affairs beneficiaries.

i. The Assistant Secretary of Defense (Health Affairs) has decreed that it will be presumed that a conflict of interest exists and, hence, CHAMPUS payments will be disallowed in any claim of a CHAMPUS provider who employs an active duty military member or civilian employee. The only two exceptions are:

(1) Indirect payments to private organizations to which physicians of the National Health Service Corps (NHSC) are assigned (but direct payments to the NHSC physician would still be prohibited).

(2) Payments to a hospital employing Government medical personnel in an emergency room provided the medical care was not furnished directly by the Government personnel.

j. Subsidiary obligations arising out of off-duty employment, such as appearances in court or testimony before a compensation board, which take place during normal working hours, shall be accomplished only while on annual leave.

k. These guidelines do not apply to the provision of emergency medical assistance in isolated instances. Also excluded are nonremunerative community services operated by nonprofit organizations for the benefit of all the community and deprived persons, such as a drug abuse program, program volunteer, venereal disease centers, and family planning centers.

l. Medical Department officers are expected to be aware of and comply with all other statutes and regulations pertaining to off-duty employment. Where doubt exists as to whether all applicable constraints have been considered, consultation should be effected with the local naval legal service office.

3. The local command has primary responsibility for control of off-duty employment by Medical Department officers. Guidelines above serve as a basis for carrying out this responsibility.

4. Medical Department officers requesting permission to engage in off-duty employment shall submit their request to the commanding officer on NAVMED 1610/1, Off-duty Remunerative Professional civilian Employment Request, and shall sign the Statement of Affirmation thereon in the commanding officer's presence or designee. Approval or disapproval by the commanding officer shall be indicated in the appropriate section of NAVMED 1610/1. Medical Department officers shall advise their off-duty employers that as military members they are required to respond immediately to calls for military duty that may arise during scheduled off-duty employment. The commanding officer's approval of an officer's request for off-duty employment may not be granted without written certification from the off-duty employer that he or she accepts the availability limitations placed on the Medical Department officer.

5. The requester shall inform the commanding officer in writing of any deviation in the stated request prior to the inception of any such changes.

6. Permission shall be withdrawn at any time by the commanding officer when such employment is determined to be inconsistent with the above guidelines. Where permission is withdrawn the officer affected shall be afforded an opportunity to submit to the commanding officer a written statement containing the Medical Department officer's views or any information pertinent to the discontinuance of the employment.

7. Reports are not required to be submitted to BUMED by field activities. However, during Medical and Dental Inspectors General visits or other administrative onsite visits, local command compliance with this article will be reviewed. In addition, adequate records should be maintained to provide summarized information as may be necessary for monitoring and evaluating the functioning of this program by BUMED or higher authority.

ATTACHMENT 033
Proof of U.S. Employment Eligibility
LISTS OF ACCEPTABLE DOCUMENTS

EITHER SUBMIT ONE DOCUMENT FROM LIST A
OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST A

(Documents that Establish Both Identity and Employment Eligibility)

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal

5. U.S. Military card or draft record

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document

9. Driver's license issued by a
Canadian government authority
For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

4. Native American Tribal document

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
Citizen in the United States
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

ATTACHMENT 034
Contract Administration Plan for
Naval Hospital Bremerton, Naval Hospital Oak Harbor,
Naval Medical Center San Diego, and Naval Hospital Camp Pendleton

I. Definitions.

- a. Administrative Contracting Officer (ACO). To the extent that the Procuring Contracting Officer has delegated contract administration, the Government official responsible for administering the contract. For the purposes of these contracts, the PCO has retained contract administration responsibilities. Therefore, the terms PCO and ACO refer to different functions performed by the same individual.
- b. Alternate Contracting Officer's Representative (ACOR). In the absence of the Contracting Officer's Representative, the Government official appointed in writing by the Procuring Contracting Officer who functions as the technical representative of the Procuring Contracting Officer for a specific contract, for a specified period of time.
- c. Bureau of Medicine and Surgery (BUMED). The Department of the Navy command responsible for all Navy health and dental contracting initiatives.
- d. Commanding Officer. The medical department officer that has ultimate responsibility for the operation of an MTF.
- e. Contracting Officer's Representative (COR). The Government official appointed in writing by the Procuring Contracting Officer who functions as the technical representative of the Procuring Contracting Officer.
- f. Contractor. The offeror identified in block 15A of the Standard Form 33 or block 7 of the Standard Form 26 and its healthcare workers who are providing services under the contract.
- g. Medical Treatment Facility (MTF). The DoD hospital or medical center requiring services under these contracts. The abbreviation, "MTF" includes all the Branch Medical Clinics, Medical Administrative Units, Branch Medical Annexes and other subordinate clinical activities specified in these contracts. The abbreviation, "MTF" also refers to any military treatment facility within the scope of these contracts.
- h. Naval Medical Logistics Command (NAVMEDLOGCOM). The Department of the Navy command responsible for implementation of the Bureau of Medicine and Surgery healthcare contracting initiatives.
- j. Procuring Contracting Officer (PCO). The Government official within NAVMEDLOGCOM authorized by warrant to enter into these contracts for the Government.
- k. Technical Assistant (TA). The MTF representative who may be assigned to provide technical or administrative assistance to the COR. TAs may be assigned to assist and support the COR but shall not be given the authority to provide any technical direction or clarification directly to the Contractor.

II. Responsibilities.

- a. The Navy's Assistant Chief for Healthcare Operations, Bureau of Medicine and Surgery (BUMED Code MED-03) as Program Manager shall:
 - 1. Establish medical contract policy guidance.
 - 2. Provide overall direction for the planning, development, and operation of all Navy MTFs.
 - 3. Monitor the progress and achievement of medical contracts within the Navy's health care delivery system.

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4. Serve as subject matter expert for all technical aspects of medical and dental contracting efforts.
5. Monitor MTF compliance with policies detailing the use of the Managed Care Support Contracts (MCSCs).

b. The Procuring Contracting Officer (PCO), Acquisition Management Directorate (Code 02), Naval Medical Logistics Command shall:

1. Perform all required pre-award actions including providing information or answering questions that arise during the solicitation period and as a result of Freedom of Information Act (FOIA) inquiries.
 2. Review the CAP Documentation Form and complete Part II. The PCO shall furnish sample COR and TA nomination letters to the MTF in accordance with NAVSUPINST 4205.3D.
 3. Verify that the individual(s) nominated to act as COR have had the required training and the necessary experience. If the PCO determines that a nominee does not meet experience and training requirements, the PCO shall request that the MTF nominate another individual.
 4. Review the CAP prior to incorporation into the solicitation. This review shall ensure that all contract administration functions are assigned, suit the specific circumstances of the contract and give due consideration to the type of contract, the place of performance, period of performance, and inspection and acceptance criteria stated in the solicitation/contract.
 5. Include the COR duties contained in this master CAP in the resultant solicitation/contract. Additional duties shall be separately delineated within the contract, as appropriate.
 6. Designate the paying office in the contract.
 7. Appoint the COR and ACOR.
 8. Perform all contract administration duties of a Contracting Officer. Regular meetings between the PCO, the COR and/or the MTF Commanding Officer (or representative) will be held to discuss the status of and the performance under individual contracts. The format and frequency of these meetings will depend upon the size and complexity of the contract.
- NOTE: All parties are specifically reminded that only the Contracting Officer has the authority to modify the terms of the contract. Therefore, in no event will any understanding, agreement, modification, change order, or other matter deviating from the terms of the basic contract between the Contractor and any other person be effective or binding on the Government. When/if, in the opinion of the Contractor, any direction affecting the terms of the basic contract has been given by the COR or any other person, the Contractor shall promptly notify the PCO.
9. Evaluate reports of Contractor non-compliance and take appropriate action within 30 days of receipt. Copies of any correspondence regarding the results of such analyses shall be provided to the MTF and the COR simultaneously with the action taken.
 10. Arrange the post-award conference, if required. Invite necessary attendees. Ensure that the requirements of the contract and the COR's duties are thoroughly discussed and understood. Ensure that all personnel involved understand current DoD Standards of Conduct policies.

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11. Oversee the performance of CORs under the contract. Prompt action shall be taken when COR (or alternate) is not performing properly.

12. Maintain the official contract file including modifications (and all back-up documentation).

13. Maintain the accuracy of this Master CAP throughout the life of these contracts.

14. Maintain a list of all CORs under their authority. Periodically review the files and performance of these CORs in accordance with NAVSUPINST 4205.3D and local policies.

15. Review the existing annual Contractor performance reports prior to negotiating any logical follow on task orders under these contracts. Enter data into the Contractor Performance Assessment Reporting System (CPARS).

16. Maintain a log of total hours ordered under these contracts by CLIN/SLIN to guarantee that maximum order quantities are not exceeded. Notify the Healthcare Program Analyst (NAVMEDLOGCOM Code 07) and the MTF when 75% of the maximum order quantity of any CLIN/SLIN has been reached.

c. The Healthcare Program Analyst, Healthcare Services Support Directorate (Code 07), Naval Medical Logistics Command shall:

1. Submit a completed and signed CAP Documentation Form with answers to questions that pertain to this acquisition.

2. As appropriate, submit the Contract Data Requirements List (DD Form 1423 or CDRL) providing a description of all reports/outputs required from the Contractor.

3. Act as the healthcare contracting technical manager for BUMED. Ensure consistency among healthcare contracts, providing coordination and technical liaison between MTFs, BUMED, CORs, and the PCO.

4. Coordinate/develop the procurement technical requirements including a performance work statement (Section C); draft input to Sections B, H, L and M; a draft Source Selection Plan; a draft Contract Administration Plan (CAP); potential sources for the procurement; draft quality assurance plan; surveillance plan and other related documents required for the acquisition.

5. Monitor and manage reports of Contractor non-compliance, evaluate reports submitted by the individual CORs and, recommend PCO disposition on all noted discrepancies.

6. Perform healthcare trend analyses and provide feedback to the PCO and CORs.

7. Provide any other technical assistance to the MTF, PCO/ACO, CORs and, other customers.

8. Conduct periodic COR meetings and inspections to discuss status and performance under the contract emphasizing problem identification, problem solving and contract familiarity. These items will be prospectively coordinated with the PCO.

9. Ensure that the MTF, PCO/ACO, CORs, and BUMED are appropriately informed of related healthcare issues.

10. Provide periodic statistical and financial reports to BUMED.

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11. Periodically appraise customers of hours/service remaining within Schedule B and any anticipated impact that new task orders will have on plans for changes (expansion/reductions) of services.

d. The Commanding Officer of the MTF shall:

1. Budget and provide funding for the contracts.

2. Nominate (to the PCO) individual(s) to be appointed as COR (by name, title, organizational code and telephone number). This individual(s) shall also be the contract quality assurance monitor and lead technical advisor to the ACO and shall be responsible for the technical interface needed during contract performance. An ACOR can be nominated to act in the absence of the COR, when needed, or to provide additional expertise.

NOTE: COR duties can not be delegated. The COR shall be accountable for the actions of ACORS or TAs.

NOTE: Nomination of new CORs as a result of reassignment, termination of employment, etc., shall be made in accordance with the procedures outlined herein.

3. Ensure all individuals nominated as COR or ACOR have the necessary qualifications to satisfactorily perform the required duties and hold a position of responsibility commensurate with the complexity of the contract. All CORs shall have graduated from a Naval Supply System Command (NAVSUP) approved/BUMED provided medical/dental COR training course prior to their appointment.

4. Upon receipt of the contract from the PCO, forward copies of documents to staff having administrative responsibilities for these contracts.

5. Support and supervise the COR in the performance of their duties. If the Commanding Officer determines that assigned duties are not being performed in a satisfactory manner, immediate corrective action shall be taken (including the recommendation to replace the COR if required). The PCO shall be promptly notified of all actions taken. The MTF should consider COR performance in rating all individuals assigned COR functions.

6. Notify the PCO in writing of any organizational or personnel changes affecting the CAP.

7. Ensure that appropriate timely action is taken on all contract related correspondence received from either the PCO or COR. This includes the timely submission (to the PCO) of any requests for changes to the performance work statement, deviations or waivers. An Independent Government Cost Estimate of the impact on contract price and the availability of additional funding (if required) must accompany all requests for changes to the performance work statement/contract. The Contractor's price quote and the rationale for requesting the change shall accompany any changes proposed by the Contractor. The Contractor's price quote serves as a budgetary estimate of the cost impact. The MTF shall also provide input as to technical acceptability of proposed contract language changes.

8. The MTF Commanding Officer may appoint a TA to assist the COR in executing routine contract administration, monitoring and, surveillance duties. The appointment of all TAs must be in writing and must include the TA's responsibilities and limitations. A copy of this appointment letter shall be provided to the PCO. Before appointment, the MTF shall assure that all TAs have the appropriate training and experience.

9. Ensure that necessary business case analyses for the Managed Care Support Contract have been performed and documented.

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e. The Contracting Officer's Representative (COR) shall:

1. Attend both the pre-proposal and post-award conferences.
2. Attend periodic meetings (if held) among the PCO, MTF and Contractor(s) to discuss the status of and performance under the contracts.
3. Avoid issuing any instructions that would constitute a change to the contract. The COR and Contractor shall not enter into any understanding, agreement, modification, or change order deviating from the terms of the basic contracts which shall be effective or binding on the Government. If in the opinion of the Contractor, an effort outside the scope of the contract is requested, the Contractor shall promptly notify the PCO in writing. The Contractor shall not act unless the PCO or ACO has issued a written change to the contract. The COR will include, on all correspondence to the Contractor, a declination of authority statement as follows:

"I have neither the authority nor the intent to change the terms or conditions of this contract. This contract can only be changed by a written modification issued by the Contracting Officer. If you believe that I am requesting an effort outside the scope of this contract, promptly notify the Contracting Officer. Additionally, this shall not be construed as an authorization for new work or additional work not already contained in the contract."

4. Perform as the technical interface between the Government and the Contractor(s) for these contracts. The COR shall provide technical advice or clarification regarding the performance work statement; milestones to be met within the general terms of the contract or specific subtasks of the contract. The COR is the point of contact through whom the Contractor can relay technical questions and problems to the Contracting Officer. The Contractor may also contact the Contracting Officer directly.

5. Coordinate/facilitate complete and timely credentials submissions between the MTF and the Contractor using the applicable Professional Affairs Coordinator (PAC) staff at the MTF. The COR shall provide technical advice or clarification regarding the performance work statement, milestones to be met within the general terms of the contract or specific subtasks of the contract, maintain a method for tracking expiring credentials, and maintain shift schedules. The COR shall inspect the credentials of each contract employee prior to submission to the PAC.

6. Monitor Contractor performance and progress under the contract. If potentially inefficient or wasteful methods are being used, the COR shall take reasonable and timely action to alert the Contractor and the PCO. Furthermore, the COR shall promptly advise the PCO of any observed continuous and/or substantial deficiencies in the Contractor's performance or other noncompliance with the terms or conditions of the contract. Enclosure (1) is the surveillance plan to be used by the COR to monitor Contractor performance. Deviation from this surveillance plan is only permitted with the prospective approval of the PCO.

7. Promptly issue Contract Discrepancy Reports or CDRs (Enclosure (2)) to the Contractor to document discrepant performance. The COR shall always obtain the Contractor's response/rebuttal to the CDR, evaluate the acceptability of the response and promptly forward the CDR, Contractor response/rebuttal, and the evaluation to the NAVMEDLOGCOM Healthcare Program Analyst.

8. Monitor and verify services provided in accordance with Schedule B of the contract. Keep accurate records of Contractor performance and compare these records with the DD250 or time sheet submitted by the Contractor. The COR shall always use this information as a tool when evaluating Contractor invoices.

9. Inspect and/or accept the services as the official Government representative.

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10. Use appropriate, contract-specific sampling methods for contract surveillance.
11. Completely understand contract invoicing requirements. The COR shall process all DD250s in a timely manner to ensure that prompt payment due dates are met. The COR shall promptly forward copies of the DD250s, with a copy of the Contractor's invoice, to the ACO.
12. Immediately alert the PCO and the ACO of any unusual performance problems. If a corrective action plan is approved by the Contracting Officer, the COR shall monitor the implementation and effectiveness of that corrective action plan. In uncertain situations, the COR shall always seek advice from the PCO and/or ACO, as prudent, before acting.
13. Continually monitor the quantity of services provided under each CLIN/SLIN and/or task order. Advise the PCO if it appears that service quantities may be exhausted before the end of the performance period, or if quantities of unused hours for services have been ordered but will not be received by the end of the performance period.
14. Perform administrative duties including all files which support the actions performed as a COR. The COR shall respond to all contract correspondence in a timely manner. Contract files shall include a conforming copy of the contract, all modifications, a conforming copy of the Contractor's Technical Proposal, all Contractor invoices, all DD250s, all surveillance reports, each CDR (including the Contractor's response/rebuttal), any contract-related correspondence, a contract log or COR diary, all telephone conversation and email records, meeting minutes, reports from Government subject matter experts, and Independent Government Cost Estimates.
15. Take the necessary steps to ensure that Government property furnished to the Contractor is provided in a timely manner and in proper condition for use. The COR shall maintain both inventory and disposition records for all Government furnished property. This inventory/disposition file is coordinated with the ACO. The COR shall ensure that the Contractor returns all Government furnished property or that Government furnished material has been reasonably consumed in the performance of work.
16. Read and comply with all applicable Standards of Conduct and Conflict of Interest instructions and procedures including annual financial interest filings.
17. Ensure that the Contractor receives copies of all regulations and/or directives considered appropriate to the services being provided.
18. Submit a report detailing the Contractor's performance to the PCO. This report shall be made annually, on or about 01 June of each fiscal year. A final report shall be sent the PCO within 60 days after completion of the contract. The final report shall contain a conclusive statement describing the Contractor's overall performance and an evaluation on the accountability of Government property furnished to the Contractor. Enclosure (3) contains the format for this report.
19. Perform other duties, particular to the contract, as may be incorporated into the contract document or as required by the Contracting Officer.

f. Technical Assistant (TA). All requirements for TA duties are reported directly to the COR. At the direction of the COR, the TA shall:

1. Perform surveillance and identify Contractor deficiencies.

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2. Review contract deliverables, recommending acceptance/rejection, and providing the COR with the documentation to support all recommendations.
3. Assist the COR in the preparation of the final Contractor performance report using the format and procedures prescribed by the Contracting Officer.
4. Identify Contractor non-compliance with reporting requirements.
5. Evaluate Contractor proposals, identifying potential problem areas.
6. Provide (a) timely input for technical clarifications to the performance work statement, (b) technical direction for the Contractor, and (c) recommendations for CAPs.
7. Provide detailed written reports of any trip, meeting, correspondence, telephone conversation, email or, anecdotal conversation after any contact between the TA and the Contractor.

Enclosures:

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Surveillance Plan
Report on Contractor's Performance

1. INTRODUCTION

- a. Purpose. This surveillance plan has been developed to aid the Contracting Officer's Representative (COR) in providing effective and systematic surveillance of all aspects of this contract.
- b. Objective. To ensure that the Contractor is complying with the specifications of the contract by providing quality healthcare services to eligible beneficiaries.
- c. Scope. This plan applies to the Medical contract services. This is a personal services contract. Contract performance will be monitored chiefly through prospective supervision by Navy personnel. Some elements of performance will be monitored by the COR through retrospective surveillance.

2. RESPONSIBILITIES

- a. The Contracting Officer (KO) at NAVMEDLOGCOM is responsible for negotiating all modifications to contract terms, conditions or amounts.
- b. The Healthcare Program Analyst at NAVMEDLOGCOM serves as the technical agent for coordinating issues among the KO, the MTF and the COR. The Healthcare Program Analyst reviews the COR's contract surveillance and provides feedback to the COR and recommendations to the KO. The Healthcare Program Analyst provides technical support to the COR and the KO in preparing modifications. The Healthcare Program Analyst also tabulates statistical data.
- c. The MTF commanding officer is responsible for establishing and maintaining a system for reviewing and approving correspondence submitted by the COR to NAVMEDLOGCOM.
- d. The COR is responsible for assuring Contractor performance through audit, documentation and liaison with the KO. The COR shall ensure that copies of all Contractor correspondence and MTF/COR responses are provided to the KO. The COR must observe the following cautions and limitations:
 - (1) Do not request or direct the Contractor to do anything that is not expressly stated in the contract.
 - (2) Do not attempt to control Contractor efforts except as specifically authorized in the contract.
 - (3) Do not make suggestions or comments that the Contractor could construe as authority to proceed on work not specified in the contract.
 - (4) Do not request changes that add work or objectives not within the scope of the contract. Seek the advice of the KO.
 - (5) Do not accidentally generate a basis for a Contractor claim. Communicate with the Contractor in a timely manner.
 - (6) Exercise diligence in monitoring and documenting the Contractor's performance. When in doubt about any aspect of the contract specifications or the Contractor's performance, seek the advice of the KO or the NAVMEDLOGCOM analyst.

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(7) Bring to the attention of the KO any extraordinary action on the part of the Contractor, i.e., any performance outside the scope of the contract.

e. The Government supervisory personnel specified in the Task Order are responsible for providing day-to-day supervision and control of contract personnel. This includes provision of technical guidance, direction, and approval of tasks performed to satisfy requirements of the contract/task order.

3. **INSPECTION METHODS.** Several methods serve as means for inspecting Contractor performance. Some methods are more appropriate than others are. The COR may use any or all of these inspection methods. Inspection, along with documentation, is vital to ensuring Contractor compliance with contract requirements.

a. **100% Inspection.** This method of surveillance is time consuming, expensive and unrealistic for services performed frequently. However, it is appropriate in critical areas where health and safety are involved and each occurrence of a particular requirement must be examined to determine compliance.

b. **Surveillance Checklists.** Checklists are used for services performed on an infrequent but predictable schedule (e.g., monthly, quarterly, annually, etc.) Any scheduled service that is provided on less than a daily basis can be considered for inclusion on a checklist.

c. **Random Sampling.** Sampling can be an unbiased, comprehensive evaluation of the Contractor's performance while efficiently using limited inspection time. The basis for doing random sampling is MIL-STD-105D, "Sampling Procedures and Tables for Inspection by Attributes". It is based on the statistical concept that an evaluation of randomly chosen occurrences may allow the evaluator to draw conclusions (acceptable/not acceptable) about the universe of occurrences.

d. **Validated Customer Complaints.** Validated customer complaints are the customer's method of documenting problems. The COR will coordinate efforts to acquire, document and validate these complaints. Customer complaints are not used to reject a service, but can be used as further evidence of unsatisfactory performance (e.g. if random sampling shows the specific service is unsatisfactory). When other surveillance continues to show unsatisfactory performance, validated customer complaints can indicate a need to increase surveillance. The COR must have a written validation process for all customer complaints (much like the CDR process). Only validated customer complaints should be forwarded to the Contracting Officer for action. Customer complaints cannot be used in conjunction with other surveillance methods (i.e., partial random sampling plus certain customer complaints) because their occurrences are not truly random.

4. **TIME FRAMES FOR MONITORING PERFORMANCE REQUIREMENTS.** There are several different time frames for monitoring performance requirements of the contract. Depending upon the specific performance requirement, the COR will monitor activities on a one-time basis, a per occurrence basis, or an ongoing basis.

a. **One-time Activities.** This performance requirement is generally monitored for initial or start-up activities, such as submission and verification of the credentials files.

b. **Per Occurrence Activities.** This activity is one that is monitored at each occurrence. It is often an activity could place a patient at unnecessary risk for which the COR will investigate. Examples of these would include medication errors, impaired providers, or any incidents that resulted in disciplinary action against a Contractor employee.

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c. Ongoing Activities. This performance requirement is one that must be continually monitored throughout the life of the contract because the requirement itself is ongoing. Examples include a requirement for shift coverage, schedule submissions, meeting attendance, maintenance of personnel qualifications and, documentation of annual training.

5. DOCUMENTATION.

a. The need to document each contact between the COR and the Contractor cannot be overemphasized. CORs should understand the procedures that are described in FAR Part 33.2. CORs should remember that the documentation prepared by the COR will be the primary evidence presented by the Government in any litigation, with the Government bearing the burden of proof. This documentation must be thorough, accurate and complete.

b. It is important to maintain a record of all other contacts between the COR and the Contractor which reflect normal clinic operations or the services required in the contract. Examples may include schedule submissions, feedback on Contractor credentialing actions, substitution procedures for health care workers, etc. These examples may or may not be a part of routine surveillance, but the COR's ability to reconstruct events will be important if the Government rejects the quality or timeliness of contract services.

c. Documentation may include Contract Discrepancy Reports (CDRs), meeting minutes, annotations on surveillance checklists, letters, email, telephone conversation records, memoranda, etc. Results of inspections identifying unsatisfactory Contractor performance must be given to the Contractor for review, comment, and corrective action as appropriate.

d. All performance related inspection documentation is an integral part of the contract file and must be stored and maintained accordingly. The COR should maintain a reading file of all correspondence and pertinent documentation.

6. INVOICING PROCEDURES

a. At the end of each bi-weekly period of contract performance, the contractor will present the COR with an invoice (Material Inspection and Receiving Report, DD Form 250). The COR will inspect the invoice to ensure that it accurately reflects the amount of service provided by the contractor, but will not accept (sign) the invoice if there are any substantial inaccuracies.

b. The COR shall coordinate with the supervisor of each clinical area represented on the invoice to determine the accuracy of the service totals included on the invoice. Additional tools which may be available to the COR to confirm invoice amounts are contract employee time clock cards and sign-in/sign-out sheets. Time which is not in some way confirmed through coordination with the applicable supervisor, documented by time clock, documented by time sheet, or confirmed through some other appropriate method available to the COR will not be considered to have been provided.

c. If the COR disagrees with the invoiced quantities, the COR shall attempt to promptly resolve the discrepancy with the designated contractor representative. The COR shall return the invoice with a memorandum to the key person, rejecting the invoice as "improper". The memorandum shall state the quantity which the COR considers to be correct (the COR can attach a copy of the government time sheet or other documentation as appropriate). A copy of the invoice and the memorandum shall be retained by the COR. The COR shall encourage the contractor to re-invoice for the correct quantity so that it can be certified correctly.

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d. Alternatively, for less substantial invoice errors (such as clerical errors or minor quantity discrepancies), the COR may annotate a change to the invoiced amount on the DD250 form accompanying the contractor's invoice and/or can note the change on a DFAS prompt pay certification form. CORs may NOT note changes directly on the contractor's invoice as it will be rejected by DFAS as improper.

e. Failure of the contractor to submit invoices in a timely manner, significant or recurring quantity discrepancies on submitted invoices, or failure of the contractor to submit a revised invoice for a billing period, shall be brought to the attention of the KO and NAVMEDLOGCOM.

7. CONTRACT DISCREPANCY REPORTS (CDRs)

a. In all instances where the Contractor's performance takes exception to the contract and/or is unacceptable, the COR will issue a CDR to the Contractor.

b. The COR shall ensure that all inspection data is attached to the CDR. The Contractor cannot be expected to respond to performance deficiencies that are not clearly and specifically identified. A cover memorandum on the CDR should specify that the Contractor has three working days to respond in writing to the COR.

c. Upon return of the CDR package from the Contractor, the COR shall review the Contractor's comments and give careful, objective consideration to the facts and mitigating circumstances documented in the response. The COR shall then make a final recommendation on the acceptability of Contractor performance and note it on the CDR. The COR shall state why the Contractor's response does or does not have merit. The COR shall attach as much additional documentation as required to support their findings and recommendations.

d. The COR shall forward copies of each completed CDR and the final recommendation to (1) the Contractor and (2) the KO via Healthcare Program Analyst.

e. The Healthcare Program Analyst will review CDRs and will advise the COR of the need for any further documentation. The Healthcare Program Analyst will then forward the documentation to the KO with recommendations for action.

8. COR SURVEILLANCE REQUIREMENTS

a. Submission of Credentials. The COR shall inspect the credentials of each contract employee.

(1) The contractor shall submit Individual Credentials Files (ICFs), Individual Professional Files (IPFs), and qualifications packages (for non-credentialed/non-licensed personnel) in accordance with requirements of the contract and BUMEDINST 6320.66 (latest revision).

(2) ICFs and IPFs. The COR will inspect each ICF/IPF for completeness and compliance with contract qualification requirements. Incomplete/incorrect packages will be returned to the contractor under a memo documenting the deficiencies. Complete/correct packages will be forwarded to the Professional Affairs Coordinator (PAC) for formal credentialing action. The PAC will inform the contractor by letter or email upon approval of a package.

(3) Non-credentialed/non-licensed personnel. The contractor shall submit to the COR a package of documents demonstrating the individual's compliance with contract requirements. The COR will review each package and return to the contractor under a memo stating approval or reason(s) for disapproval.

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b. **Orientation.** In coordination with the supervisors for whom services are being provided, the COR shall coordinate the availability of appropriate orientation sessions and shall track and maintain records of orientation completed by contractor personnel.

c. Background checks for childcare workers. The COR shall ensure the completion by contractor personnel of background check forms, coordinate with appropriate security service to obtain requisite fingerprinting and forwarding of forms to the required law enforcement agencies, and shall maintain a file of completed background checks. The COR shall notify the MTF chain of command and the Contracting Officer immediately upon the receipt of an unfavorable background check.

d. Maintenance of Credentials.

(1) The COR shall maintain a method for tracking expiring credentials, such as a database or spreadsheet. The method chosen should include at least the guidelines in this paragraph, as best implemented in accordance with MTF policy. Not less than once per month, the COR shall review the tracking file and identify any credentials due to expire within 2 months. The COR shall notify the contractor of those expiring credentials and shall advise the contractor that the affected individual will not be permitted on the staffing schedule or to provide service under the contract following expiration of credentials.

(2) The COR shall maintain a record of contractor personnel compliance with health certification requirements of the contract. The COR shall notify the contractor of expired health certifications.

e. Contractor Shift Schedules for Personnel For Which Replacement Coverage is Required. The COR will inspect the Contractor submitted schedule for those positions for which coverage is required. The COR shall compare the schedule to the contract requirements, note deficiencies, and inform the contractor of those deficiencies. The contractor shall be required to submit an updated schedule.

f. Full-time versus part-time staff. The COR shall ensure that the contractor uses only full-time individuals as required by the contract. The COR shall also ensure that the contractor does not use part-time personnel in excess of any restrictions imposed thereon by a particular task order. The COR shall coordinate with the respective supervisors to monitor these requirements.

g. Personnel substitution. The COR shall monitor contractor compliance with clause H.6 restricting substitution of approved personnel within 30 days following the start of task order services.

h. Contract Discrepancy Reports (CDRs). The COR's responsibilities for documentation of contractor performance problems using the Contract Discrepancy Report (Enclosure 2) are given in paragraph IIe of the Contract Administration Plan. The COR shall maintain close communication with the supervisor(s) of contractor personnel as they will be most aware of day-to-day performance issues which may arise. CDRs shall be completed by the COR, not the supervisor. A CDR shall be completed by the COR in accordance with the Contract Administration Plan whenever there exist unresolved COR surveillance deficiencies or unresolved supervisory issues. The CDR is presented to the contractor firm's designated representative, not the contractor employee who failed to perform in accordance with the contract. That is not to say that a CDR must be completed every time there is a deviation from contract requirements. The COR or supervisor is better served by attempting to solve performance problems at the lowest level possible and in the least threatening manner possible, not by producing a CDR for every minor infraction. It is best to seek cooperative resolution, and then resort to formal documentation via a CDR if resolution cannot be reached. This approach shall not avoid documentation of performance problems. If a problem cannot be expeditiously resolved cooperatively, the CDR process should be invoked. The CDR form is designed to produce a record of both Government and contractor positions. There is no requirement that this form be reduced to hard copy; an electronic copy attached to emails transmitted between representatives is acceptable.

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9. SUPERVISOR RESPONSIBILITIES

a. The supervisor is the individual Government employee who is responsible for providing the day-to-day direction and control of the activities of the personal services healthcare worker. The supervisor(s) of contract personnel shall read and retain a copy of the contract and the specific task order under which the supervisor is receiving services. The supervisor shall recognize that the contract/task order protects the interests of both the Government and the contractor/contract personnel and that the contract prescribes duties and responsibilities for both parties.

b. This is a personal services contract provides the supervisor with the ability to direct and control the day-to-day activities of the contract personnel. However, the supervisor shall be aware of the overall scope of the contract and the particular duties defined by the contract as being within that scope. The supervisor shall ensure that duties assigned to contract personnel are consistent with the duties prescribed by the contract.

c. The supervisor shall be aware of their responsibilities for supervision of contract personnel (which may differ from their responsibilities regarding supervision of government personnel). This includes assignment of specific work hours; the task order may impose this responsibility on the supervisor or it may reserve work scheduling as a function for the contractor. The same may apply to the administration of leave for contract personnel. The task order will provide specific information regarding these functions and the supervisor shall become familiar with these provisions.

d. Under those task orders where the supervisor is responsible for administering leave, contract personnel do not fall under the government personnel system and that a third party will not maintain their leave balances. The supervisor must maintain leave balances. The supervisor should coordinate with the COR to develop and maintain an effective system (likely a spreadsheet file) to track contractor leave. Further, a system must be developed between the supervisor and the contract personnel to ensure each is aware of the current balance so to avoid disputes regarding leave amounts accrued and used.

e. Regardless of whether the supervisor is responsible for administering leave for contract personnel, the supervisor must track the amount (hours) of service received from contract personnel. Coordination with the COR on this point is critical. The COR is responsible for certifying contractor invoices as being correct, i.e., representing the actual services received by the government. As the COR may not have day-to-day visibility of each contract work-site, contract individual, shifts worked, etc., supervisors must keep meticulous records of services received and establish a convenient means to transmit accurate, complete records to the COR for use in certifying invoices.

f. In general, the specific requirements and limitations prescribed by the contract must always be maintained. The supervisor is best served by managing contract personnel in the same manner as they manage government personnel on their staff. That is, the supervisor should not impose on contractor personnel burdens or privileges which are contrary to those imposed on other staff performing the same function. When in doubt regarding this general guidance, the supervisor should contact the COR for specific guidance and interpretation.

g. The supervisor's responsibility for supervision of contractor personnel extends to the normal feedback that should be provided to any employee regarding the quality of their performance. Contractor employees should be informed when they have done a good job and when they have not done a good job (failed to meet contract requirements). Counseling sessions regarding both good performance and poor performance must be documented by the supervisor. This documentation, both positive and negative, creates a critical trail that will be used for future Task Order award decisions. When counseling sessions for poor performance do not have a positive effect on contractor employee performance, the supervisor must contact the COR. A copy of all counseling sessions must be provided to the COR.

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h. The supervisor should schedule regular meetings with the COR to discuss contract progress and performance. Performance problems are always most easily handled with early recognition and a consistent corrective action system. Between regularly scheduled meetings, the supervisor should contact the COR immediately upon recognition of contract performance issues. The supervisor should attempt to handle normal day-to-day individual duty performance issues through typical supervisory methods. However, the supervisor must contact the COR when individual performance issues continue without resolution or when there is a pattern of non-performance by the contract personnel.

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CONTRACT DISCREPANCY REPORT		
Contract Number:	Contract Clause:	Date:
COR Findings:		
COR (sign and date):		
Contractor Response:		
Contractor Project Manager (sign and date):		
COR Determination/Recommendation:		
COR (sign and date):		

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REPORT ON CONTRACT PERFORMANCE

COMPANY OR INDIVIDUAL'S NAME: _____
(IF CONTRACT IS WITH INDIVIDUAL STATE THEIR NAME)
(IF CONTRACT IS WITH A COMPANY STATE THE COMPANIES NAME)

CONTRACT NUMBER: _____

TYPE OF SERVICE: _____

REPORTING PERIOD: _____

COR/TECHNICAL LIAISON: _____
TELEPHONE NO: _____

SUPERVISOR OF HCW: _____
TELEPHONE NO: _____

REPORT PREPARED BY: _____
TELEPHONE NO: _____

Definitions:

Contractor means the entity (business or individual) that has the legal duty to perform the contract.

HCW means the "Health Care Worker" who is providing the service.

Note: In contracts with individuals, the Contractor is also the HCW.

Quality of Service

	YES	NO	N/A
1. Was any HCW the subject of a validated patient complaint? If yes explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was any HCW the subject of an occurrence report? If yes explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the HCW(s) interact and take direction in accordance with the contract, clinical standards, and protocol? If no, explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quality of Service, (cont)

	YES	NO	N/A
4. Was HCW productivity and quality comparable to that of other HCWs assigned the same scope of services? If no, explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 5. Were all services provided as dictated by the terms of the contract? If no, explain_____ ☐ ☐ ☐

 6. Were there any other documented problems with the quality of the services provided by an HCW? If so explain _____ ☐ ☐ ☐

 7. Have any HCWs been cited for commendable performance? If so explain _____ ☐ ☐ ☐

 CONTRACT NUMBER: _____
 8. Have any contract HCWs performed in an exemplary manner? If so explain_____ ☐ ☐ ☐

Additional comments on Quality of Service provided:

The Schedule

YES NO N/A

1. Did the Contractor submit complete credentials file/professional file information on time? ☐ ☐ ☐

2. Did the health care workers begin performance on the date and time scheduled? ☐ ☐ ☐

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3. (Contracts with agencies only)

Did any HCW miss a shift without approved leave or absence? If so how many?

☐ ☐ ☐

Number of shifts missed Number of shifts scheduled

4. Did the Contractor submit invoices on time and in accordance with the contract?_____

☐ ☐ ☐

5. Contracts with agencies only:

Did any HCW request more than 13 days of unplanned absences during the contract year?_____

☐ ☐ ☐

6. Did any HCW request leave without pay (LWOP) during the performance period? If so, what were the circumstances?_____

☐ ☐ ☐

7. Was leave requested and used in accordance with the contract? If no, explain_____

☐ ☐ ☐

8. Was any HCW habitually late to work? If so, how many times?_____

☐ ☐ ☐

Additional comments on the Schedule of services:

CONTRACT NUMBER_____

Management of Key Personnel

(Contracts with companies only)

YES NO N/A

1. Did the Health Care Workers meet the minimum qualifications in the contract?

☐ ☐ ☐

2. Did any of the HCWs exceed the minimum qualifications stated in the contract in a way that was beneficial to the Navy?
 If yes, explain _____

☐ ☐ ☐

3. Did the Contractor experience turnover of HCWs during the period? If so, what is the ratio of HCW turnover to total HCWs on the contract? (ie: 20/2 = 20 HCWs on the contract to 2 HCW turnover during the reporting period)_____

☐ ☐ ☐

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4. If yes to 3 above state the average amount
of time taken for substitution of personnel
from the date that one HCW left contract?
Number of days:_____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

5. Did the Contractor submit complete technical
packages for substitutions?_____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. Were all HCW maintenance requirements (licensure,
BLS, etc.) kept current during the reporting period?
If no, explain_____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7. Did any HCW experience problems obtaining pay or
benefits from the Contractor during the reporting
period? If no, explain_____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional comments on the Management of Key Personnel:

Business Relationships

(applies to contracts with both companies and individuals)

1. Is the Contractor responsive to your questions
and concerns?

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACT NUMBER: _____

2. Does the Contractor/ISA provider conduct business
in a professional and courteous manner?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional comments on Business Relationships:

Special comments on performance:

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